Mike DeWine, Governor

Jillian Froment, Director

The Annual Health Claims External Review Report For the Year 2018

Since 1999, Ohio law provides consumers with the opportunity to request an independent external review for denial, reduction, or termination by their health plan of certain health care services. In 2011, the Ohio Legislature updated the law on external review, incorporating required federal changes and enhancing features of the previous state external review process. The new requirements, codified in Ohio Revised Code (ORC) §3922, became effective for all external review requests submitted on or after January 1, 2012. A summary of the changes and enhancements is provided as ***Attachment 1, Substitute H.B. 218 External Review Revision Highlights.***

ORC §3922 requires "health plan issuers" (Health Plans), to provide the opportunity for either an external clinical peer review by an accredited Independent Review Organization (IRO) or a contractual review by the Ohio Department of Insurance (ODI) whenever the Health Plan makes an "adverse benefit determination:"

- To deny, reduce, or terminate a health care service or payment;
- Not to issue individual health insurance coverage; or
- To rescind health plan coverage.

The law also directs the Department of Insurance to compile and annually publish information regarding independent external review outcomes. This is the 18th annual report, summarizing the data the Ohio Department of Insurance has collected regarding external reviews conducted from January 1, 2018 through December 31, 2018.

Executive Summary of Independent External Review Outcomes

Medical Peer Reviews by Independent Review Organizations (IRO)

A health plan member or their authorized representative ("covered person"), or a health care provider on behalf of the covered person, may request IRO review of an adverse benefit determination made through a Health Plan's internal appeal process, if the determination involved a medical judgment or was based on any medical information.

During 2018, 572 cases, involving over $12.6 million in health care benefits and services, were submitted for IRO review to determine the appropriateness of a Health Plan's adverse benefit determination. The Health Plan's determination was reversed by the IRO in thirty-three percent of these cases, saving Ohio health insurance consumers almost $5,770,000 or about 46% of the cost of all health care benefits and services reviewed.

Almost half (49%) of the IRO reviews completed in 2018 were for health care services related to 5 medical specialties (oncology, dermatology, surgery, gastroenterology, and psychiatry).

IRO reversals for drug therapy, totaled over $3,415,000. Reversals for surgery totaled over $1,157,000, while reversals for acute medical hospitalization totaled almost $256,000. Together, these health care service categories accounted for approximately 84% of the benefit amounts that were reversed in IRO decisions.

Contractual Reviews by the Ohio Department of Insurance (ODI)

When a Health Plan's internal appeal process results in an adverse benefit determination that is based on a contractual issue (not involving medical judgment or medical information), an external request may be submitted by the Health Plan for contractual review by ODI.

During 2018, ODI completed contractual review of 99 cases, involving over $760,000 in health care benefits and services. Twenty-two of the 99 cases reviewed by ODI resulted in reversal of previously denied benefits, recovering almost $36,000 in additional benefits for Ohio consumers.

Total Benefits to Consumers since Enactment

Since the 1999 enactment of Ohio's external review law, 7,683 cases have been reviewed by ODI and/or IROs, recovering over $27.4 million in previously denied health care benefits and services for Ohio consumers.

Overview of Ohio External Review Law

ORC §3922 provides that the law applies to "health benefit plans" provided by "health plan issuers," which is defined as including the following entities:

- Traditional Health Insurers;
- Preferred Provider Organizations;
- Health Insuring Corporations (HMOs);
- Fraternal Benefit Societies;
- Self-funded Multiple Employer Welfare Arrangements (MEWAs);
- Nonfederal Government Health Plans; and
- Third Party Administrators (TPAs) administering health benefit plans.

The law requires Health Plans to create an internal appeals process providing covered persons with the opportunity to challenge the denial of health care services or eligibility for coverage. In addition, health care services or coverage denied through a Health Plan's internal appeals process that meet statutorily specified criteria, qualify for external review. Upon request by a covered person, or a health care provider on behalf of a covered person, an external review is required to be completed at no additional cost to the covered person.

A standard external review is required to be completed within thirty (30) days. An expedited review is required to be completed within no more than seventy-two (72) hours for conditions that the covered person's physician certifies could:

- seriously jeopardize the life or health of the covered person;
- jeopardize the covered person's ability to regain maximum function; or
- be significantly less effective if not initiated promptly (for experimental or investigational treatment).

The law provides that clinical peer review by an IRO that has been authorized by ODI must be conducted for any external review request of an adverse benefit determination that is based on medical judgment or involves consideration of medical information. Adverse benefit determinations that do not involve medical judgment or consideration of medical information require contractual review by ODI. Contractual reviews could include adverse benefit determinations based on whether a health care service is a covered service under a Health Plan contract, application of cost sharing or network limitations, or coverage eligibility determinations.

Subject to the other terms, limitations, and conditions of the health plan contract, upon receipt of a notice by an IRO or by ODI to reverse the adverse benefit determination, a Health Plan is required to provide coverage for the health care service(s) in question.

ORC 3922.17(C) 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 Independent Review Organizations (IRO)

An analysis of the data over the 12-month period from January 1, 2018 to December 31, 2018, shows that IRO reviews involved benefit determinations amounting to over $12.6 million. IRO decisions reversing adverse benefit determinations saved covered persons almost $5,770,000. The total benefits recovered for the top 5 cases where Health Plan determinations were reversed was approximately $3,331,000.

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)
Drug	**$2,000,000**
Surgery	**$575,000**
Drug	**$290,000**
Radiation Therapy	**$238,000**
Drug	**$228,000**

Number of IRO Reviews Conducted / Outcomes

For the reporting period of January 1, 2018 to December 31, 2018, 572 external review requests were assigned to IROs for review.

Standard reviews, permitting a 30-day maximum review period, were requested in 455 of the cases. The IROs reversed adverse benefit determinations in 155 standard reviews (34%) and affirmed the Health Plan's determination in the remaining 300 standard reviews (66%).

Expedited IRO review was requested in 117 cases, requiring a 72-hour maximum review period. In 33 of those cases (28%), the IROs reversed the Health Plan's original determination.

Average Time Required to Conduct IRO Reviews

The average time to process a standard IRO review was 21 days. The average time to process an expedited IRO review was 51 hours. Ninety-six percent of all IRO reviews were completed without complication and within appropriate timeframes.

Cost of IRO External Reviews

The cost of an external review by an IRO is based on several factors, including, whether the review type is standard or expedited, the Health Plan basis for the adverse benefit determination, and the medical condition involved. For example, a review to determine medical necessity only requires one reviewer, while review of experimental or investigational services may require a panel of reviewers. IRO review cost is paid by the Health Plan. In 2018, the total cost to Ohio Health Plans for IRO reviews was approximately $452,700. The average cost per standard review was about $780, while the average cost per expedited review was approximately $820. Expedited review costs accounted for $96,339 (21%) of total review costs.

Summary of Services and Procedures

In 2018, IRO external reviews spanned a wide variety of health service categories. The highest proportion of reviews were for testing (31%) and drug therapy (27%) followed by reviews for surgery (16%). These 3 service categories accounted for approximately 75% of the reviews conducted and over $4,696,000 or about 81%, of the almost $5,770,000 in benefit determinations reversed by IRO decisions. Together, review of durable medical equipment and emergency services comprised another 13% of the reviews conducted and a corresponding 6% of the benefit determination amounts reversed. These 5 service categories represent approximately 87% of the 572 cases reviewed and over 87% of the total adverse benefit determination amounts that were reversed in 2018. ***See Attachment 2, IRO Reviews By Services and Procedures.***

Medical Specialty Types

During the process to initiate an IRO review, a Health Plan identifies the medical specialty category required for the review. Case review activity by category of medical specialty is listed in ***Attachment 3, 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)
Oncology	**91**	**$1,414,027**	**$668,195**
Dermatology	**65**	**$541,033**	**$83,526**
Surgery	**62**	**$730,457**	**$226,228**
Gastroenterology	**30**	**$864,462**	**$825,900**
Psychiatry	**29**	**$798,929**	**$325,730**

External Contractual Reviews by ODI

The law requires ODI to review contractual adverse benefit determinations that do not involve medical judgment or consideration of medical information. Examples include determination that a health care service is not a covered benefit under the contract, eligibility for coverage (including determinations not to issue or to rescind coverage), and application of contractual cost sharing or network limitations. If ODI finds that a contractual external review request involves medical judgment or consideration of medical information, ODI immediately directs the Health Plan to submit the request for review by an IRO.

ODI has established an internal contractual review team comprised of specialists from the Office of Legal Services, the Office of Product Regulation, and the Consumers Services Division. There is no charge to Health Plans for contractual external reviews.

Number of Contractual Reviews Conducted / Outcomes

From January 1, 2018 to December 31, 2018, 99 contractual external reviews were completed by ODI. As a result, Ohio consumers received almost $36,000 of previously denied health benefits.

Health Plan contractual adverse benefit determinations were upheld in 77 cases (78%) and reversed in 22 cases (22%).

Contractual Reasons for Review

The breakdown by category for contractual reviews performed by ODI during this reporting period is as follows:

REVIEW CATEGORY	TOTAL NUMBER OF REVIEWS	TOTAL BENEFIT $'s PAID (Reversed)
Service Not Covered-Non-medical Judgment	71	$32,698
Cost Sharing Issue	11	$852
Denial to Issue Coverage	6	$0
Eligibility for Coverage	5	$0
Emergency Services/Prudent Layperson Standard	4	$2270

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 2018 was 59 days.

Conclusion

Since enactment of Ohio law in 1999, providing consumers with the opportunity for independent external appeal of adverse health insurance determinations, ODI has maintained a significant investment of staff resources and technology to ensure thorough and timely resolution of external review appeals. As a result, 7,683 external reviews have been conducted, recovering over $27.4 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 Plans 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.

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). Consumers can also contact ODI for information or assistance with the external review process by completing an online consumer complaint form on the department website.

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/Pages/HealthCoverageAppealToolkit.aspx.

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:

- Meredith Alexander, Assistant Director, Government Relations, (614) 728-0070

Media Inquiries:

- Chris Brock, Assistant Director, Communications, (614) 728-1539

Attachments

- **Attachment 1 - Substitute HB218 Revision Highlights**
- **Attachment 2 – IRO Reviews By Type Of Services**
- **Attachment 3 – IRO Reviews By Medical Specialty**
- **Attachment 4 – 10 Year Comparison of IRO Cases By Report Year**
- **Attachment 5 – Five Year Health Carrier Summary**
- **Attachment 6 – Total Number of IRO Cases By Report Year**
- **Attachment 7 – Health Carrier Summary**

Substitute H.B. 218 External Review Revision Highlights

Code Reference	Enhancement
3922.03 C	Health plan issuers are required to provide effective written notice to covered persons of their right to external review.
3922.04	The internal appeal process must be exhausted prior to initiating an external review except in the following instances: • The health plan issuer agrees to waive the exhaustion requirement • The covered person did not receive a written decision of their internal appeal within the required time frame • The health plan issuer fails to meet all requirements of the internal appeal process unless the failure: o Was de minimis o Does not cause or is not likely to cause prejudice or harm to the covered person o Was for good cause and beyond the control of the health plan issuer o Is not reflective of a pattern or practice of non-compliance • An expedited external review is sought simultaneously with an expedited internal review
3922.02 C	There is no minimum dollar amount required in order to be eligible to request an internal appeal or external review.
3922.02 B	Ohio law continues to allow covered persons 180 days to file a request for external review after completion of the internal appeal process and receipt of the notice of adverse benefit determination.
3922.05 D, G and 3922.06	Health plan issuers are required to notify the covered person of the opportunity to submit, within 10 days after receipt of the notice, additional information to the IRO or superintendent for consideration when conducting an external review. The IRO will forward the information within 1 business day of receipt to the health plan issuer. Upon receipt, the health plan issuer may reconsider their adverse benefit determination and provide coverage for the health care service.
3922.05 H 3922.10 M	Ohio law continues to require the IRO to provide notice of its decision to uphold or reverse an adverse benefit determination within 30 days of receipt, by the health plan issuer, of the request for a standard external review.
3922.09	Notice of a decision to uphold or reverse the adverse benefit determination for an **expedited** external review must be provided as expeditiously as possible, but no later than 72 hours after receipt, by the health plan issuer, of the request for external review.

Code Reference	Enhancement
3922.03 3922.19	Health plan issuers must provide a description of internal appeal and external review procedures in or attached to the policy, certificate or evidence of coverage provided to the covered person.
3922.10	Eligibility for an external review that involves an experimental or investigational treatment must be certified by the covered person's physician.
3922.18	Ohio will continue to require the health plan issuer to bear the cost of the external review.
3922.12	The IRO decision is binding on both the covered person and the health plan issuer. (except for other remedies under law)
3922.11	The covered person must contact the health plan issuer to initiate a request for external review by the superintendent.

ATTACHMENT 2

IRO Reviews by Type of Services Reported
January 1, 2018 - December 31, 2018

SERVICES & PROCEDURES	# CASES	% OF CASES	TOTAL IRO REVIEW COST	% OF COST	TOTAL BENEFIT $'s REVIEWED	% OF BENEFITS REVIEWED	BENEFIT $'s REVERSED	BENEFIT $'s UPHELD
Diagnostic Testing	180	31.5%	$153,155	33.8%	$709,242	5.6%	$123,782	$585,460
Surgery	94	16.4%	$77,172	17.0%	$1,933,863	15.3%	$1,157,488	$776,375
Drug, Infusion/Injection	92	16.1%	$75,004	16.6%	$5,391,505	42.6%	$3,211,224	$2,180,281
Drug, Prescription	59	10.3%	$42,607	9.4%	$862,049	6.8%	$203,983	$658,067
Durable Medical Equipment	45	7.9%	$31,890	7.0%	$507,183	4.0%	$234,119	$273,064
Hospitalization, Acute Medical (except for surgery)	19	3.3%	$13,623	3.0%	$547,115	4.3%	$255,798	$291,317
Emergency Transport/Ambulance	17	3.0%	$12,184	2.7%	$1,458,649	11.5%	$80,413	$1,378,236
Mental/Behavioral Health or Substance Abuse	15	2.6%	$10,319	2.3%	$427,073	3.4%	$179,350	$247,723
Emergency Room	11	1.9%	$8,049	1.8%	$30,239	0.2%	$12,322	$17,917
Radiation Therapy	10	1.7%	$8,325	1.8%	$466,773	3.7%	$240,273	$226,500
Physical Rehabilitation (PT, OT, Speech, Manipulative)	10	1.7%	$8,215	1.8%	$60,085	0.5%	$2,082	$58,003
Dental	6	1.0%	$3,600	0.8%	$58,716	0.5%	$2,339	$56,377
Skilled Nursing	5	0.9%	$3,030	0.7%	$47,673	0.4%	$13,762	$33,911
Other	4	0.7%	$2,235	0.5%	$4,216	0.0%	$608	$3,608
Home Healthcare	2	0.3%	$870	0.2%	$51,820	0.4%	$51,820	$0
Chemotherapy	2	0.3%	$1,850	0.4%	$84,000	0.7%	$0	$84,000
Preventive Care	1	0.2%	$570	0.1%	$4,034	0.0%	$0	$4,034
Grand Totals:	**572**		**$452,699**		**$12,644,233**		**$5,769,361**	**$6,874,872**

ATTACHMENT 3

IRO REVIEWS BY MEDICAL SPECIALTY

January 1, 2018 - December 31, 2018

MEDICAL SPECIALTY	# OF CASES	TOTAL IRO REVIEW COST	TOTAL BENEFIT $'s REVIEWED	BENEFIT $'s REVERSED	BENEFIT $'s UPHELD
Dermatology	65	$55,722	$541,033	$83,526	$457,507
Medical Oncology	43	$38,721	$462,768	$180,032	$282,736
Surgery, General	36	$30,852	$216,205	$52,783	$163,422
Hematology/Oncology	29	$21,064	$127,636	$64,122	$63,514
Gastroenterology	29	$21,491	$861,962	$825,900	$36,062
Urology	28	$22,181	$113,523	$18,294	$95,229
Psychiatry	28	$19,824	$663,812	$190,613	$473,199
Neurology	27	$20,063	$596,188	$219,051	$377,137
Cardiovascular Disease	26	$21,012	$276,541	$150,563	$125,978
Orthopedics	23	$15,848	$315,364	$33,100	$282,264
Internal Medicine	23	$13,477	$469,645	$107,831	$361,814
Endocrinology	23	$22,811	$2,131,969	$2,118,958	$13,011
Otolaryngology	21	$20,424	$249,450	$221,880	$27,570
Emergency Medicine	19	$13,209	$910,547	$71,696	$838,851
Radiation Oncology	17	$14,500	$693,979	$369,398	$324,582
Pain Management	14	$9,865	$120,447	$4,088	$116,359
Rheumatology	9	$6,396	$191,480	$10,800	$180,680
Plastic Surgery	9	$6,332	$151,732	$39,070	$112,662
Pediatrics, General	9	$6,130	$135,606	$54,586	$81,020
Family Medicine	9	$7,020	$28,209	$14,512	$13,697
Pulmonary Medicine	7	$6,075	$351,490	$305,000	$46,490
Physical Medicine/Rehabilitation	7	$4,877	$474,366	$47,621	$426,745
Ophthalmology	7	$4,629	$19,526	$5,486	$14,040
Neurologic Surgery	6	$4,625	$155,368	$35,000	$120,368
Oral & Maxillofacial Surgery	5	$2,900	$100,869	$1,192	$99,677
Ob/Gyn	5	$3,490	$32,565	$3,365	$29,200
Hematology	5	$4,612	$14,491	$0	$14,491

ATTACHMENT 3

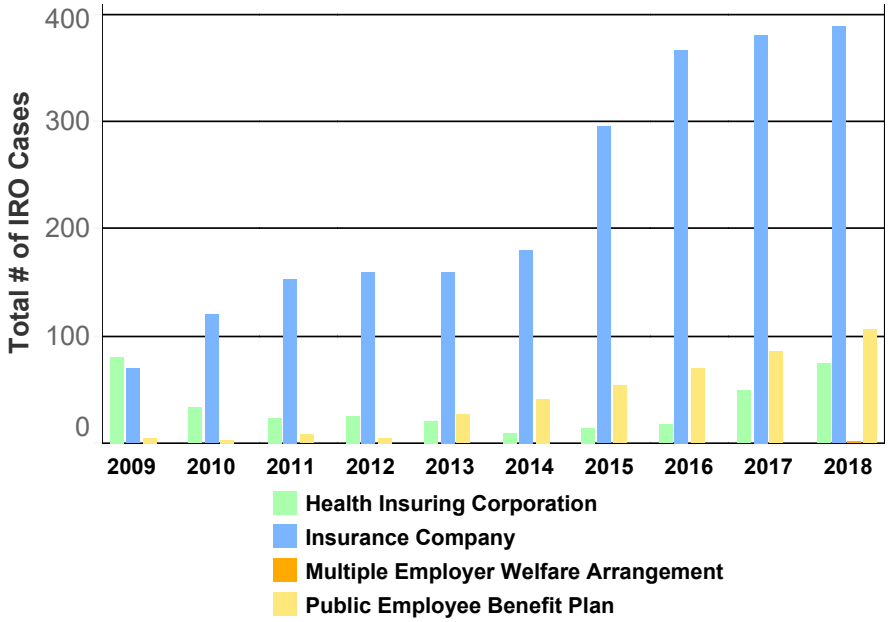
IRO REVIEWS BY MEDICAL SPECIALTY

January 1, 2018 - December 31, 2018

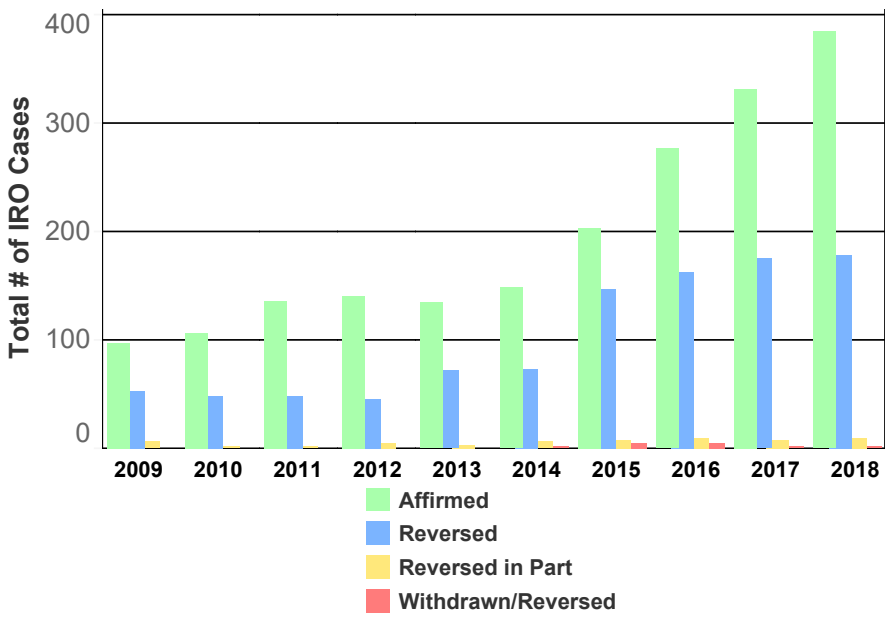
MEDICAL SPECIALTY	# OF CASES	TOTAL IRO REVIEW COST	TOTAL BENEFIT $'s REVIEWED	BENEFIT $'s REVERSED	BENEFIT $'s UPHELD
Allergy/Immunology	5	$3,316	$1,441,694	$3,500	$1,438,194
Vascular Surgery	4	$2,888	$17,278	$10,278	$7,000
Pediatric Endocrinology	3	$2,160	$241,208	$228,135	$13,073
Infectious Disease	3	$3,995	$3,765	$1,000	$2,765
Dentistry	3	$1,850	$2,742	$1,148	$1,594
Radiology	2	$1,375	$11,860	$400	$11,460
Podiatric Medicine	2	$3,070	$6,707	$1,600	$5,107
General Medicine	2	$1,206	$11,992	$11,992	$0
Diagnostic Radiology	2	$1,375	$2,166	$0	$2,166
Anesthesiology	2	$1,358	$1,177	$177	$1,000
Thoracic Surgery	1	$750	$87,905	$87,905	$0
Speech Pathology	1	$650	$1,367	$0	$1,367
Sleep Studies	1	$960	$2,000	$0	$2,000
Pulmonary Critical Care	1	$775	$5,000	$5,000	$0
Physical Therapy	1	$1,240	$100	$0	$100
Pediatric Pulmonology	1	$531	$3,500	$0	$3,500
Pediatric Oncology	1	$850	$75,000	$0	$75,000
Pediatric Neurology	1	$570	$78,490	$0	$78,490
Pediatric Gastroenterology	1	$575	$2,500	$0	$2,500
Occupational Therapy	1	$750	$12,204	$0	$12,204
Ob/Gyn Oncology	1	$570	$54,643	$54,643	$0
Medical Genetics	1	$675	$7,949	$0	$7,949
Chemotherapy	1	$675	$30,000	$0	$30,000
Cardiothoracic Surgery	1	$575	$1,100	$0	$1,100
Addiction Psychiatry	1	$1,810	$135,117	$135,117	$0
Grand Totals:	**572**	**$452,699**	**$12,644,233**	**$5,769,361**	**$6,874,872**

ATTACHMENT 4
10 YEAR COMPARISON OF IRO CASES BY REPORT YEAR
January 1, 2009 - December 31, 2018

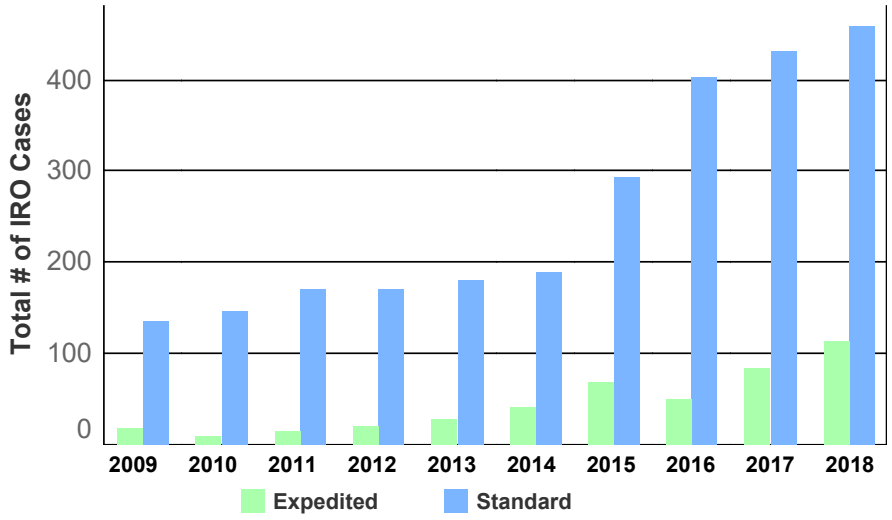
TYPE OF HEALTH CARRIER



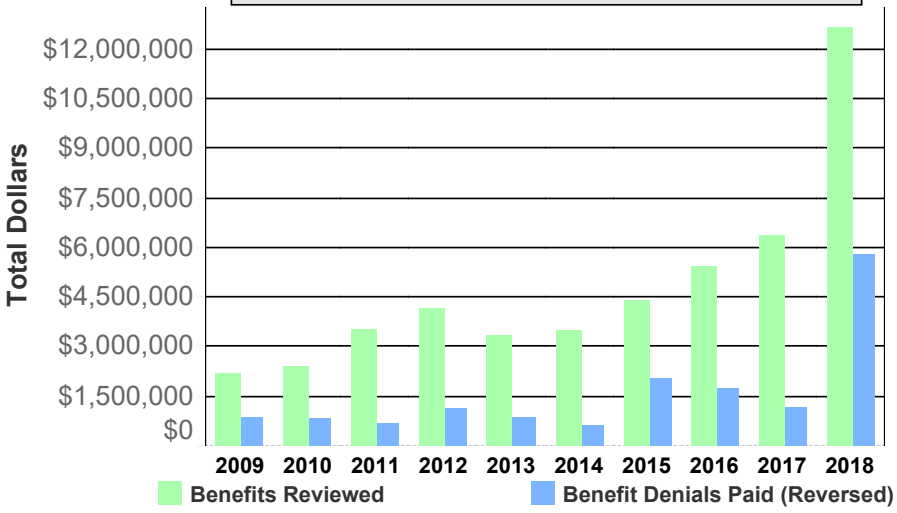
IRO OUTCOME DECISIONS



IRO REVIEW TYPE



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



June 28, 2019
Office of Product Regulation & Actuarial
Services - Life & Health Division

ATTACHMENT 5
FIVE YEAR HEALTH CARRIER SUMMARY
January 1, 2014 - December 31, 2018

HEALTH CARRIER	ESTIMATED 5 YEAR PREMIUM (000's) (*As Reported on ODI Annual Health Report)*	CASE VOLUME						BENEFIT DOLLARS REVIEWED							
		# Reviews / % of Total		Reviews Affirmed # / %		Reviews Reversed # / %		$ Reviewed / % of Total		Reviews Affirmed $ / %		Reviews Reversed $ / %		Maximum $ Affirmed	Maximum $ Reversed
COMMUNITY INSURANCE COMPANY	$12,860,322K	704	33%	426	61%	278	39%	$5,562,195	17%	$4,312,586	78%	$1,249,609	22%	$621,575	$100,000
MEDICAL MUTUAL OF OHIO	$10,854,506K	400	19%	268	67%	132	33%	$7,346,858	23%	$6,078,501	83%	$1,268,357	17%	$750,000	$96,957
UNITEDHEALTHCARE INSURANCE COMPANY	$4,131,233K	173	8%	96	55%	77	45%	$2,055,415	6%	$1,035,914	50%	$1,019,501	50%	$411,200	$228,135
AETNA LIFE INSURANCE COMPANY	$1,688,503K	60	3%	39	65%	21	35%	$323,667	1%	$194,168	60%	$129,499	40%	$97,782	$30,000
UNITEDHEALTHCARE LIFE INSURANCE COMPANY	$1,580,528K	23	1%	18	78%	5	22%	$180,141	1%	$171,434	95%	$8,707	5%	$78,200	$3,365
MEDICAL HEALTH INSURING CORPORATION OF OHIO	$1,426,595K	50	2%	31	62%	19	38%	$1,032,289	3%	$805,592	78%	$226,697	22%	$440,211	$80,835
CARESOURCE	$1,176,587K	59	3%	42	71%	17	29%	$1,581,849	5%	$1,218,106	77%	$363,743	23%	$250,000	$180,168
AULTCARE INSURANCE COMPANY	$1,144,469K	28	1%	20	71%	8	29%	$676,372	2%	$490,345	72%	$186,027	28%	$255,223	$157,554
HUMANA HEALTH PLAN OF OHIO INC	$1,101,118K	49	2%	31	63%	18	37%	$271,918	1%	$112,745	41%	$159,173	59%	$30,000	$66,781
SUMMA INSURANCE COMPANY INC	$984,452K	42	2%	32	76%	10	24%	$149,498	0%	$133,945	90%	$15,553	10%	$31,000	$7,279
PARAMOUNT INSURANCE COMPANY	$754,978K	4	0%	4	100%	0	0%	$5,687	0%	$5,687	100%	$0	0%	$4,207	$0
AETNA HEALTH INC (PA)	$657,152K	3	0%	2	67%	1	33%	$1,709	0%	$1,209	71%	$500	29%	$1,209	$500
HEALTHSPAN INTEGRATED CARE	$532,270K	8	0%	5	63%	3	38%	$16,121	0%	$7,805	48%	$8,316	52%	$6,768	$5,000
CIGNA HEALTH AND LIFE INSURANCE COMPANY	$522,935K	11	1%	5	45%	6	55%	$65,647	0%	$18,738	29%	$46,909	71%	$6,583	$30,360
UNITEDHEALTHCARE INSURANCE COMPANY OF THE RIVER VALLEY	$390,681K	2	0%	0	0%	2	100%	$7,000	0%	$0	0%	$7,000	100%	$0	$5,000
GOLDEN RULE INSURANCE COMPANY	$316,889K	25	1%	20	80%	5	20%	$728,956	2%	$498,311	68%	$230,645	32%	$122,505	$122,505
MOLINA HEALTHCARE OF OHIO INC	$252,013K	19	1%	9	47%	10	53%	$96,140	0%	$53,576	56%	$42,565	44%	$13,381	$13,386
HEALTH PLAN OF UPPER OH VALLEY INC	$233,337K	1	0%	1	100%	0	0%	$27,000	0%	$27,000	100%	$0	0%	$27,000	$0
BUCKEYE COMMUNITY HEALTH PLAN INC	$208,288K	4	0%	1	25%	3	75%	$4,397	0%	$2,457	56%	$1,940	44%	$2,244	$1,235
COVENTRY HEALTH AND LIFE INSURANCE COMPANY	$163,707K	4	0%	1	25%	3	75%	$50,103	0%	$2,109	4%	$47,994	96%	$2,087	$41,808
HUMANA INSURANCE COMPANY	$154,907K	23	1%	16	70%	7	30%	$467,884	1%	$154,465	33%	$313,418	67%	$50,208	$238,273
UNITEDHEALTHCARE OF OHIO INC	$142,213K	6	0%	2	33%	4	67%	$9,037	0%	$56	1%	$8,982	99%	$56	$5,662

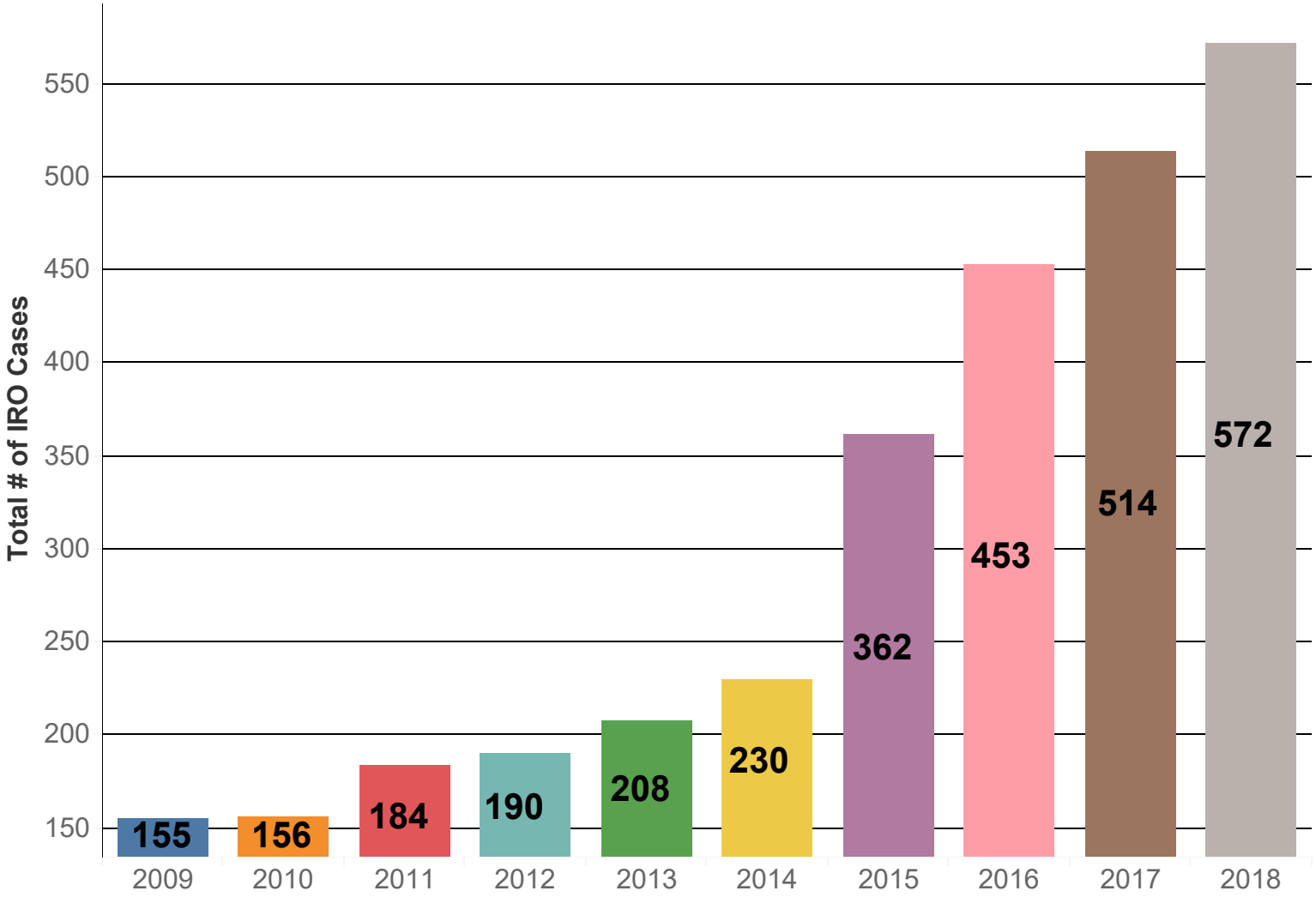
ATTACHMENT 5
FIVE YEAR HEALTH CARRIER SUMMARY
January 1, 2014 - December 31, 2018

HEALTH CARRIER	ESTIMATED 5 YEAR PREMIUM (000's) (*As Reported on ODI Annual Health Report)*	CASE VOLUME						BENEFIT DOLLARS REVIEWED							
		# Reviews / % of Total		Reviews Affirmed # / %		Reviews Reversed # / %		$ Reviewed / % of Total		Reviews Affirmed $ / %		Reviews Reversed $ / %		Maximum $ Affirmed	Maximum $ Reversed
COORDINATED HEALTH MUTUAL INC	$117,971K	20	1%	11	55%	9	45%	$545,668	2%	$346,507	64%	$199,162	36%	$150,000	$120,000
TIME INSURANCE COMPANY	$96,924K	5	0%	5	100%	0	0%	$33,014	0%	$28,014	85%	$5,000	15%	$9,625	$5,000
HEALTHSPAN INC	$90,310K	1	0%	1	100%	0	0%	$455	0%	$455	100%	$0	0%	$455	$0
FEDERATED MUTUAL INSURANCE COMPANY	$86,832K	6	0%	4	67%	2	33%	$123,224	0%	$12,726	10%	$110,499	90%	$6,800	$101,499
PREMIER HEALTH PLAN INC	$70,253K	10	0%	6	60%	4	40%	$48,671	0%	$43,320	89%	$5,351	11%	$29,514	$4,048
OSCAR INSURANCE CORPORATION OF OHIO	$66,948K	2	0%	2	100%	0	0%	$10,540	0%	$10,540	100%	$0	0%	$9,540	$0
NIPPON LIFE INSURANCE CO OF AMERICA	$29,480K	2	0%	1	50%	1	50%	$20,747	0%	$2,500	12%	$18,247	88%	$2,500	$18,247
CONSUMERS LIFE INSURANCE COMPANY	$21,404K	1	0%	1	100%	0	0%	$23,920	0%	$23,920	100%	$0	0%	$23,920	$0
AETNA HEALTH INSURANCE COMPANY	$9,428K	2	0%	1	50%	1	50%	$3,340	0%	$414	12%	$2,926	88%	$414	$2,926
MEDICAL BENEFITS MUTUAL LIFE INSURANCE COMPANY	$6,198K	2	0%	1	50%	1	50%	$9,607	0%	$4,332	45%	$5,275	55%	$4,332	$5,275
STANDARD SECURITY LIFE INSURANCE CO OF NEW YORK	$3,424K	2	0%	1	50%	1	50%	$6,751	0%	$550	8%	$6,201	92%	$550	$6,201
CONNECTICUT GENERAL LIFE INSURANCE COMPANY	$3,074K	6	0%	3	50%	3	50%	$69,652	0%	$31,075	45%	$38,577	55%	$14,459	$36,000
UNIFIED LIFE INSURANCE COMPANY	$41K	1	0%	1	100%	0	0%	$19,366	0%	$19,366	100%	$0	0%	$19,366	$0
AETNA HEALTH AND LIFE INSURANCE COMPANY*		11	1%	9	82%	2	18%	$29,518	0%	$25,018	85%	$4,500	15%	$15,000	$4,000
COSE HEALTH AND WELLNESS TRUST*		2	0%	1	50%	1	50%	$5,500	0%	$5,000	91%	$500	9%	$5,000	$500
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA*		1	0%	1	100%	0	0%	$23,850	0%	$23,850	100%	$0	0%	$23,850	$0
PREMIER HEALTH INSURING CORPORATION*		4	0%	3	75%	1	25%	$13,027	0%	$9,677	74%	$3,350	26%	$5,371	$3,350
SUMMACARE INC*		1	0%	0	0%	1	100%	$47,063	0%	$0	0%	$47,063	100%	$0	$47,063
Public Employee Benefit Plans*		354	17%	221	62%	133	38%	$10,585,957	33%	$5,018,079	47%	$5,567,878	53%	$1,424,794	$2,000,000
Grand Totals:	**$41,879,972K**	**2,131**		**1,342**	**63%**	**789**	**37%**	**$32,279,753**		**$20,930,090**	**65%**	**$11,349,663**	**35%**	**$4,946,926**	**$3,768,912**

*Premium data unavailable

ATTACHMENT 6
TOTAL NUMBER OF IRO CASES BY REPORT YEAR

January 1, 2009 - December 31, 2018



June 28, 2019
Office of Product Regulation & Actuarial Services - Life & Health Division

ATTACHMENT 7
HEALTH CARRIER SUMMARY
January 1, 2018 - December 31, 2018

HEALTH CARRIER	ESTIMATED PREMIUM (000's) (*As Reported on ODI Annual Health Report)*	CASE VOLUME						BENEFIT DOLLARS REVIEWED							
		# Reviews / % of Total		Reviews Affirmed # / %		Reviews Reversed # / %		$ Reviewed / % of Total		Reviews Affirmed $ / %		Reviews Reversed $ / %		Maximum $ Affirmed	Maximum $ Reversed
COMMUNITY INSURANCE COMPANY	$2,201,681K	158	28%	108	68%	50	32%	$1,021,374	8%	$814,524	80%	$206,849	20%	$323,000	$58,000
MEDICAL MUTUAL OF OHIO	$2,052,849K	82	14%	57	70%	25	30%	$1,259,445	10%	$956,317	76%	$303,127	24%	$100,000	$71,409
UNITEDHEALTHCARE INSURANCE COMPANY	$628,095K	37	6%	22	59%	15	41%	$1,125,971	9%	$566,977	50%	$558,994	50%	$411,200	$228,135
CARESOURCE	$448,614K	33	6%	26	79%	7	21%	$558,733	4%	$415,313	74%	$143,420	26%	$229,500	$63,000
UNITEDHEALTHCARE LIFE INSURANCE COMPANY	$448,575K	13	2%	10	77%	3	23%	$129,560	1%	$123,853	96%	$5,707	4%	$78,200	$3,365
MEDICAL HEALTH INSURING CORPORATION OF OHIO	$413,229K	32	6%	21	66%	11	34%	$826,049	7%	$666,588	81%	$159,461	19%	$440,211	$80,835
AETNA LIFE INSURANCE COMPANY	$327,555K	32	6%	22	69%	10	31%	$225,893	2%	$157,899	70%	$67,994	30%	$97,782	$30,000
AULTCARE INSURANCE COMPANY	$240,876K	3	1%	2	67%	1	33%	$16,570	0%	$15,400	93%	$1,170	7%	$14,000	$1,170
HUMANA HEALTH PLAN OF OHIO INC	$222,622K	13	2%	7	54%	6	46%	$85,462	1%	$56,587	66%	$28,875	34%	$30,000	$22,000
SUMMA INSURANCE COMPANY INC	$171,336K	17	3%	13	76%	4	24%	$42,502	0%	$36,741	86%	$5,761	14%	$31,000	$3,059
CIGNA HEALTH AND LIFE INSURANCE COMPANY	$136,237K	2	0%	0	0%	2	100%	$32,860	0%	$0	0%	$32,860	100%	$0	$30,360
BUCKEYE COMMUNITY HEALTH PLAN INC	$120,939K	4	1%	1	25%	3	75%	$4,397	0%	$2,457	56%	$1,940	44%	$2,244	$1,235
MOLINA HEALTHCARE OF OHIO INC	$112,812K	11	2%	6	55%	5	45%	$56,631	0%	$37,411	66%	$19,220	34%	$13,381	$8,736
OSCAR INSURANCE CORPORATION OF OHIO	$66,948K	2	0%	2	100%	0	0%	$10,540	0%	$10,540	100%	$0	0%	$9,540	$0
AETNA HEALTH INC (PA)	$56,654K	1	0%	1	100%	0	0%	$1,209	0%	$1,209	100%	$0	0%	$1,209	$0
UNITEDHEALTHCARE INSURANCE COMPANY OF THE RIVER VALLEY	$55,383K	1	0%	0	0%	1	100%	$2,000	0%	$0	0%	$2,000	100%	$0	$2,000
GOLDEN RULE INSURANCE COMPANY	$51,574K	8	1%	5	63%	3	38%	$136,668	1%	$113,122	83%	$23,546	17%	$58,000	$15,000
HUMANA INSURANCE COMPANY	$27,215K	7	1%	5	71%	2	29%	$316,343	3%	$78,000	25%	$238,343	75%	$46,082	$238,273
PREMIER HEALTH PLAN INC	$4,941K	1	0%	1	100%	0	0%	$115	0%	$115	100%	$0	0%	$115	$0
FEDERATED MUTUAL INSURANCE COMPANY	$1,490K	2	0%	1	50%	1	50%	$105,545	1%	$4,046	4%	$101,499	96%	$4,046	$101,499
CONSUMERS LIFE INSURANCE COMPANY	$699K	1	0%	1	100%	0	0%	$23,920	0%	$23,920	100%	$0	0%	$23,920	$0

ATTACHMENT 7
HEALTH CARRIER SUMMARY
January 1, 2018 - December 31, 2018

HEALTH CARRIER	ESTIMATED PREMIUM (000's) (*As Reported on ODI Annual Health Report)*	CASE VOLUME						BENEFIT DOLLARS REVIEWED							
		# Reviews / % of Total		Reviews Affirmed # / %		Reviews Reversed # / %		$ Reviewed / % of Total		Reviews Affirmed $ / %		Reviews Reversed $ / %		Maximum $ Affirmed	Maximum $ Reversed
COSE HEALTH AND WELLNESS TRUST*		2	0%	1	50%	1	50%	$5,500	0%	$5,000	91%	$500	9%	$5,000	$500
PREMIER HEALTH INSURING CORPORATION*		4	1%	3	75%	1	25%	$13,027	0%	$9,677	74%	$3,350	26%	$5,371	$3,350
Public Employee Benefit Plans*		106	19%	69	65%	37	35%	$6,643,920	53%	$2,779,174	42%	$3,864,746	58%	$1,424,794	$2,000,000
Grand Totals:	**$7,790,324K**	**572**		**384**	**67%**	**188**	**33%**	**$12,644,233**		**$6,874,872**	**54%**	**$5,769,361**	**46%**	**$3,348,595**	**$2,961,925**

*Premium data unavailable