

**MARKET CONDUCT EXAMINATION REPORT  
OF THE  
LIFE & HEALTH BUSINESS OF  
CAREFIRST OF MARYLAND, INC.**

**10455 Mill Run Circle  
Owings Mills, Maryland 21117**

**NAIC Company Code 47058**

**REPORT NUMBER 9874-05**



**STATE OF MARYLAND  
MARYLAND INSURANCE ADMINISTRATION**

**RALPH S. TYLER, COMMISSIONER**

**SEPTEMBER 25, 2007**

MARTIN O'MALLEY  
Governor

ANTHONY G. BROWN  
Lt. Governor



RALPH S. TYLER  
Commissioner

JAMES V. MCMAHAN, III  
Deputy Commissioner

P. TODD CIONI  
Associate Commissioner  
Compliance & Enforcement

525 St. Paul Place, Baltimore, Maryland 21202-2272  
Direct Dial: 410-468-2235 Fax: 410-468-2204  
Email: tcioni@mdinsurance.state.md.us  
1-800-492-6116 TTY: 1-800-735-2258  
www.mdinsurance.state.md.us

September 25, 2007

The Honorable Ralph S. Tyler  
State Insurance Commissioner of Maryland  
Maryland Insurance Administration  
525 Saint Paul Place  
Baltimore, Maryland 21202

Dear Commissioner:

Pursuant to your instructions and authorizations, an examination has been made of the market conduct affairs of

**CAREFIRST OF MARYLAND, INC.,**

a domestic Company, whose executive offices are located at 10455 Mill Run Circle, Owings Mills, Maryland 21117.

The report of the examination is respectfully submitted herein.

Sincerely,

*Signature on file with original*

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P. Todd Cioni, Associate Commissioner  
Compliance and Enforcement

Table of Contents

	<u>Page No.</u>
1. EXECUTIVE SUMMARY .....	4
2. SCOPE OF EXAMINATION .....	6
3. COMPANY PROFILE .....	8
4. PROMPT PROCESSING .....	9
5. INTEREST PENALTY PAYMENT .....	11
6. ADJUSTED CLAIMS PAYMENTS .....	13
7. CLEAN CLAIMS PAYMENTS .....	14
8. SMALL EMPLOYER GROUP PHYSICAL THERAPY BENEFIT .....	15
9. MULTIPLE CLAIM NUMBERS .....	16
10. INAPPROPRIATE DENIALS .....	17
11. UNDISPUTED CLAIM .....	18
12. SMALL EMPLOYER GROUP CHIROPRACTIC BENEFIT.....	19
13. REIMBURSEMENT FOR HOSPITAL EMERGENCY FACILITY AND PROVIDER .....	20
14. SMALL EMPLOYER GROUP EMERGENCY SERVICES...  EXAMINATION REPORT SUBMISSION .....	21  22
TABLES .....	23

## 1. EXECUTIVE SUMMARY

Pursuant to §§2-205, 2-207 and 2-209 of the Insurance Article of the Annotated Code of Maryland (hereinafter referred to as “Insurance Article”), the Maryland Insurance Administration (hereinafter referred to as “MIA”) conducted a comprehensive market conduct examination of CareFirst of Maryland, Inc. (hereinafter referred to as “CareFirst” or the “Company” regarding its denied claims business practices in Maryland for the period of January 1, 2004 through December 31, 2004 (“survey period”).

In general, the following Maryland laws and regulations were found to have been violated by the Company during the survey period:

- Insurance Article 15-1005(c) – The Company failed to process claims within 30 days of receipt.
- Insurance Article 15-1005(f) – The Company failed to pay interest on the claims that were paid in excess of 30 days.
- Insurance Article 15-1005(e)(2)(ii) – The Company failed to adjust claims when authorization for services were obtained.
- Insurance Article 15-1005(c) and COMAR 31.10.11 – The Company failed to pay clean claims upon initial receipt of the claim.
- COMAR 31.11.06.03A(6) for failing to process emergency room claims in accordance with the prudent layperson law.
- COMAR 31.11.06.03A(15)(a) – The Company failed to properly pay out patient rehabilitative services claims for physical therapy for certain small employer groups.
- COMAR 31.15.08.05(D)(E) – The Company is issuing multiple claim numbers instead of using the original claim number to reprocess the claim.
- Insurance Article 15-1005(c)(2)(i) - The Company is improperly denying claims.
- Insurance Article 15-1005(e)(1) – The Company failed to pay any undisputed portion of the claim within 30 days of receipt of the claim.

- COMAR 31.11.06.03A(16) - The Company failed to properly pay chiropractic service claims for certain small employer groups.
- Health-General Article 19-712.5(c) – The Company failed to pay the hospital emergency facility EMTALA screening fees.

**Company's Response:**

CareFirst does not dispute the findings of the MIA and will continue to work in cooperation with the MIA to develop and implement a corrective action plan.

## **2. SCOPE OF EXAMINATION**

The purpose of the examination was to assess CareFirst's denied claims handling practices in accordance with Maryland Laws and Regulations. CareFirst processes claims on three different claim systems; CARE, NASCO, and FLEXX.

CARE (Consolidated Adjudication and Reimbursement) is an interactive online and batch claim processing system developed by in-house software engineers and first implemented in 1991. The CARE processing routine includes registration of claims upon receipt, claims adjudication in accordance with benefits, and claims payment or denial as appropriate. Preferred provider Organization ("PPO") claims, Point of Service ("POS") claims, and Indemnity claims are processed on the CARE system.

NASCO assists Blue Cross and Blue Shield Plans in managing health care related benefits for national accounts. NASCO contracts with IBM to support, develop, and monitor the NASCO processing system. NASCO also contracts with BluesNet to support, develop, and monitor the network infrastructure required to transmit data between IBM, NASCO, and the Blue Cross Blue Shield Plans. For the purposes of this examination, the examiners review was limited to NASCO's smaller population of risk counts. Indemnity claims, Traditional claims, PPO claims, and POS claims are processed on the NASCO system.

FLEXX is an interactive online and batch claim processing system developed by Advanced Systems, Inc. and has been in use since 1981. All local institutional and many professional providers have electronic entry capability and can send claims directly or via clearinghouses to CareFirst. The FLEXX system performs both medical and dental payment processing through data entry and has the capability to run paperless claim data streams through the same software. The processing routine includes registration of claims upon receipt, claims adjudication in accordance to contract benefit files, and claims payment. Traditional claims, PPO claims, HMO claims, and POS claims are processed on the FLEXX system.

The report is by test and indicates all tests applied during the examination, as well as pertinent findings and directives for Company action. The examination planning and testing methodologies follow standards established by the National Association of Insurance Commissioners (“NAIC”) and procedures developed by the MIA. Except as noted otherwise, samples of files or transactions were selected for review on a random basis from data supplied by the Company.

All unacceptable or non-compliant practices may not have been discovered or noted in the report. Failure to identify or criticize improper or non-compliant business practices in Maryland or in other jurisdictions does not constitute acceptance of such practices. Examination report findings and recommendations that do not reference specific insurance laws, regulations or bulletins are presented to improve the Company’s practices and ensure consumer protection.

**3. COMPANY PROFILE**

CareFirst of Maryland, Inc. is domiciled in the State of Maryland and was incorporated on December 31, 1984.

CareFirst and its subsidiaries provide a comprehensive array of health insurance and managed care products and services, primarily through indemnity health insurance and health benefits administration. CareFirst also has an investment in CareFirst BlueChoice (“CFBC” or “HMO”). Other products and services include preferred provider and point of service networks, fee-for-service arrangements, third-party administrator services and other managed care services. These products and services are provided to individuals, businesses and governmental agencies primarily in the State of Maryland.

**4. PROMPT PROCESSING**

**Standard 4: The Company processes claims within 30 days of receipt in compliance with Maryland law.**

Section 15-1005 of the Insurance Article states, in pertinent part:

(c) Required. – Within 30 days after receipt of a claim for reimbursement from a person entitled to reimbursement under §15-701(a) of this title or from a hospital or related institution, as those terms are defined in §19-301 of the Health-General Article, an insurer, nonprofit health service plan, or health maintenance organization shall:

- (1) mail or otherwise transmit payment for the claim in accordance with this section;
- (2) send a notice of receipt and status of the claim.

**Findings 4**

**CareFirst is in violation of §15-1005(c) of the Insurance Article for processing claims in excess of 30 days after receiving them.**

Examiners determined of the 999 denied claims reviewed on the CARE system, 126 were processed in excess of the required 30 days time period in violation of §15-1005(c) of the Insurance Article.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %	TABLE
CARE DENIED CLAIMS	66,204	999	126	12.6%	A

Table A describes 126 CARE claims paid or denied in excess of 30 days.

Examiners determined of the 241 denied claims reviewed on the NASCO system, 56 were processed in excess of the required 30 days time period in violation of §15-1005(c) of the Insurance Article.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %	TABLES
NASCO DENIED CLAIMS	1,448	241	56	23%	B

Table B describes 56 NASCO claims paid or denied in excess of 30 days.

Examiners determined of the 497 denied claims reviewed on the FLEXX system, 120 were processed in excess of the required 30 days time period in violation of §15-1005(c) of the Insurance Article.

<b>AREA REVIEWED</b>	<b>POPULATIONS</b>	<b>SAMPLE SIZE</b>	<b>VIOLATIONS</b>	<b>ERROR %</b>	<b>TABLES</b>
FLEXX DENIED CLAIMS	208,400	497	120	24.1%	C

Table C describes 120 FLEXX claims paid or denied in excess of 30 days.

## 5. INTEREST PENALTY PAYMENT

### **Standard 5: The Company pays interest on claims in accordance with Maryland law.**

Section 15-1005 of the Insurance Article states, in pertinent part:

(f) Required. – If the Company fails to comply with §15-1005(c) of the Insurance Article, the Company shall pay interest on the amount of the claim that remains unpaid 30 days after the claim is received. The interest paid should be included in any late reimbursement without the necessity for the person who filed the original claim to make an additional claim for interest.

### **Findings 5**

**CareFirst is in violation of §15-1005(f) of the Insurance Article for failing to pay interest on claims paid in excess of 30 days after receiving them or in excess of 30 days after additional information was received to pay the claim.**

Examiners determined of the 999 denied claims reviewed on the CARE system, 74 claims were due interest because the Company inappropriately denied claims that should have paid within 30 days of receipt or the Company failed to adjust claims for payment within 30 days after an authorization or other additional information to pay the claim was received in violation of §15-1005(f) of the Insurance Article.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %	TABLES
CARE DENIED CLAIMS	66,204	999	74	7.4%	D

Table D describes 73 of the 74 CARE claims paid in excess of 30 days with interest.

Interest, in the amount of \$11.78 is owed on MIA 186 – No Pre-Outpatient Auth. The examiners determined that the member had less than 10 therapy visits used. Since authorization for the first 10 visits was not a benefit requirement, the sample claim should have paid upon receipt. Although a subsequent claim adjudicated to pay within 30 days after an authorization was received on January 18, 2005, the claim should have denied as a duplicate claim to the sample claim. Interest calculation is based upon the sample claim's receive date of December 2, 2004, until the unnecessary authorization was received on January 18, 2005.

Examiners determined of the 241 denied claims reviewed on the NASO system, 56 claims were due interest because the Company inappropriately denied claims that should have paid within 30 days of receipt or the Company failed to adjust claims for payment within 30 days after an authorization or other additional information to pay the claim was received in violation of § 15-1005(f) of the Insurance Article.

<b>AREA REVIEWED</b>	<b>POPULATIONS</b>	<b>SAMPLE SIZE</b>	<b>VIOLATIONS</b>	<b>ERROR %</b>	<b>TABLES</b>
NASCO DENIED CLAIMS	1,448	241	56	23%	E

Table E describes 56 NASCO claims paid in excess of 30 days with interest.

Examiners determined of the 497 denied claims reviewed on the FLEXX system, 139 claims were due interest because the Company inappropriately denied claims that should have paid within 30 days of receipt or the Company failed to adjust claims for payment within 30 days after an authorization or other additional information to pay the claim was received in violation of §15-1005(f) of the Insurance Article.

<b>AREA REVIEWED</b>	<b>POPULATIONS</b>	<b>SAMPLE SIZE</b>	<b>VIOLATIONS</b>	<b>ERROR %</b>	<b>TABLES</b>
FLEXX DENIED CLAIMS	208,400	497	139	28%	F

Table F describes 139 FLEX claims paid in excess of 30 days with interest.

## 6. ADJUSTED CLAIMS PAYMENTS

**Standard 6: The Company processes claims within 30 days of receipt of the requested additional information in compliance with Maryland law.**

Section 15-1005 of the Insurance Article states, in pertinent part:

(e)(2)(ii) Required. – The Company shall pay the claim within 30 days after receipt of the requested additional information.

### Findings 6

**CareFirst is in violation of §15-1005(e)(2)(ii) of the Insurance Article for failing to pay claims within 30 days after receipt of the requested additional information.**

Examiners determined of the 999 denied claims reviewed on the CARE system, 71 claims were not processed for payment within 30 days after receipt of the requested additional information in violation of §15-1005(e)(2)(ii) of the Insurance Article.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
CARE DENIED CLAIMS	66,204	999	71	7.1%

Examiners determined of the 241 denied claims reviewed on the NASCO system, 45 claims were not processed for payment within 30 days after receipt of the requested additional information in violation of §15-1005(e)(2)(ii) of the Insurance Article.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
NASCO DENIED CLAIMS	1,448	241	45	18.7%

Examiners determined of the 497 denied claims reviewed on the FLEXX system, 28 claims were not processed for payment within 30 days after receipt of the requested additional information in violation of §15-1005(e)(2)(ii) of the Insurance Article.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
FLEXX DENIED CLAIMS	208,400	497	28	5.6%

## 7. CLEAN CLAIMS PAYMENTS

**Standard 7: The Company properly processes original claims within 30 days of receipt in compliance with Maryland law and regulation.**

Section 15-1005(c) of the Insurance Article and COMAR 31.10.11 state, in pertinent part:

The Company shall pay the claim within 30 days after receipt of a claim for reimbursement from a person or entity entitled to reimbursement or state the claim is not clean and the specific additional information necessary for the claim to be considered a clean claim.

### Findings 7

**CareFirst is in violation of §15-1005(c) of the Insurance Article and COMAR 31.10.11 for failing to pay a clean claim.**

Examiners determined of the 999 denied claims reviewed on the CARE system, 83 claims were originally inappropriately denied or partially paid incorrectly in violation of §15-1005(c) of the Insurance Article and COMAR 31.10.11.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
CARE DENIED CLAIMS	66,204	999	83	8.3%

Examiners determined of the 241 denied claims reviewed on the NASCO system, 26 claims were originally inappropriately denied or partially paid incorrectly in violation of §15-1005(c) of the Insurance Article and COMAR 31.10.11.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
NASCO DENIED CLAIMS	1,448	241	26	10.8%

Examiners determined of the 497 denied claims reviewed on the FLEXX system, 117 claims were originally inappropriately denied or partially paid incorrectly in violation of §15-1005(c) of the Insurance Article and COMAR 31.10.11.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
FLEXX DENIED CLAIMS	208,400	497	117	23.5%

**8. SMALL EMPLOYER GROUP PHYSICAL THERAPY BENEFIT**

**Standard 8: The Company processes claims in accordance with the small employer group physical therapy benefits in compliance with Maryland regulation.**

COMAR 31.11.06.03A(15) states, in pertinent part:

Outpatient rehabilitative services provided through a carrier's managed care system for a maximum of:

- (a) 30 physical therapy visits per condition per year.

**Findings 8**

**CareFirst is in violation of COMAR 31.11.06.03A(15)(a) for failing to properly process physical therapy claims.**

Examiners determined of the 999 denied claims reviewed on the CARE system, 13 physical therapy claims were not processed properly in violation of COMAR 31.11.06.03A(15)(a).

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
CARE DENIED CLAIMS	66,204	999	13	1.3%

**9. MULTIPLE CLAIM NUMBERS**

**Standard 9: The Company assigns each claim a unique claim number in accordance with Maryland Regulation.**

COMAR 31.15.08.05 states:

- D. Each claim shall be assigned a unique claim number.
- E. If a claim is closed but subsequently reopened, the original claim number shall continue to be used.

**Findings 9**

**CareFirst is in violation of COMAR 31.15.08.05D and E for assigning new claim numbers to denied and paid claims that were related and determined to be a single claim.**

Examiners determined of the 999 denied claims reviewed on the Care system, 52 claims were assigned multiple claim numbers in violation of COMAR 31.15.08.05D and E.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
CARE DENIED CLAIMS	66,204	999	52	5.2%

Examiners determined of the 241 denied claims reviewed on the NASCO system, 33 claims were assigned multiple claim numbers in violation of COMAR 31.15.08.05D and E.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
NASCO DENIED CLAIMS	1,448	241	33	13.7%

Examiners determined of the 497 denied claims reviewed on the FLEXX system, 43 claims were assigned multiple claim numbers in violation of COMAR 31.15.08.05D and E.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
FLEXX DENIED CLAIMS	208,400	497	43	8.7%

**10. INAPPROPRIATE DENIALS**

**Standard 10: The Company denies claims in accordance with policy provisions and Maryland law.**

Section 15-1005 of the Insurance Article states, in pertinent part:

(c)(2)(i) Required. – The Company must pay the claim or send notice of receipt and status of the claim that states the specific reasons for the refusal to pay all or part of the claim.

**Findings 10**

**CareFirst is in violation of §15-1005(c)(2)(i) of the Insurance Article for inappropriately denying claims for reasons including, but not limited to, pre ex, no authorization, onset date, and premium not paid.**

Examiners determined of the 999 denied claims reviewed on the Care system, 119 claims were inappropriately denied in violation of §15-1005(c)(2)(i) of the Insurance Article.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
CARE DENIED CLAIMS	66,204	999	119	11.9%

Examiners determined of the 241 denied claims reviewed on the NASCO system, 28 claims were inappropriately denied in violation of §15-1005(c)(2)(i) of the Insurance Article.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
NASCO DENIED CLAIMS	1,448	241	28	11.6%

Examiners determined of the 497 denied claims reviewed on the FLEXX system, 139 claims were inappropriately denied in violation of §15-1005(c)(2)(i) of the Insurance Article.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
FLEXX DENIED CLAIMS	208,400	497	139	28%

**11. UNDISPUTED CLAIM**

**Standard 11: The Company pays undisputed claims in accordance with Maryland law.**

Section 15-1005 of the Insurance Article states, in pertinent part:

(e)(1) Required. – If the Company provides notice in accordance with the statute, the Company must pay any undisputed portion of the claim within 30 days of receipt of the claim.

**Findings 11**

**CareFirst is in violation of §15-1005(e)(1) of the Insurance Article for failing to pay the undisputed portion of the claim.**

Examiners determined of the 999 denied claims reviewed on the CARE system, 6 claims were not partially paid within 30 days of receipt of the claim in violation of §15-1005(e)(1) of the Insurance Article.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
CARE DENIED CLAIMS	66,204	999	6	0.6%

Examiners determined of the 497 denied claims reviewed on the FLEXX system, 2 claims were not partially paid within 30 days of receipt of the claim.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
FLEXX DENIED CLAIMS	208,400	497	2	0.4%

**12. SMALL EMPLOYER GROUP CHIROPRACTIC BENEFIT**

**Standard 8: The Company processes claims in accordance with the small employer group chiropractic benefits in compliance with Maryland regulation.**

COMAR 31.11.06.03A(16) states:

Chiropractic services up to 20 visits per condition per year.

**Findings 12**

**CareFirst is in violation of COMAR 31.11.06.03A(16) for failing to properly process chiropractic claims.**

Examiners determined of the 999 denied claims reviewed on the CARE system, 38 chiropractic claims were not processed properly in violation of COMAR 31.11.06.03A(16).

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
CARE DENIED CLAIMS	66,204	999	38	3.8%

### 13. REIMBURSEMENT FOR HOSPITAL EMERGENCY FACILITY AND PROVIDER

**Standard 13 The Company reimburses hospital emergency facilities and providers in compliance with Maryland law.**

Section 19-712.5(c) of the Health-General Article states:

A health maintenance organization shall reimburse a hospital emergency facility and provider, less any applicable co-payments, for medical screening, assessment, and stabilization services rendered to meet the requirements of the federal Emergency Medical Treatment and Active Labor Act (“EMTALA”).

#### Findings 13

**CF is in violation of §19-712.5(c) of the Health-General Article for failing to reimburse a hospital emergency facility the EMTALA screening fees billed.**

Examiners determined of the 241 denied claims reviewed on the FLEXX system, 4 claims were not processed to pay the hospital emergency facility EMTALA screening fees billed in violation of §19-712.5(c) of the Health-General Article.

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
FLEXX DENIED CLAIMS	208,400	497	4	0.8%

**14. SMALL EMPLOYER GROUP EMERGENCY SERVICES**

**Standard 14. The Company processes claims in accordance with the small employer group emergency services benefits in compliance with Maryland regulation.**

COMAR 31.11.06.03A(6) and COMAR 31.11.06.02B(15) state, in pertinent part:

Emergency services are covered in accordance with the meaning stated in §19-701(e) of the Health-General Article.

Section 19-701(e) of the Health-General Article states:

Emergency services means those health care services that are provided in a hospital emergency facility after the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent lay person, who possesses an average knowledge of health and medicine, to result in:

- (1) Placing the patient’s health in serious jeopardy;
- (2) Serious impairment to bodily functions; or
- (3) Serious dysfunction of any bodily organ or part.

**Findings 14**

**CF is in violation of COMAR 31.11.06.03A(6) for failing to process emergency room claims in accordance with the prudent layperson law.**

Examiners determined of the 999 denied claims reviewed on the CARE system, 10 emergency room claims were not processed properly in violation of COMAR 31.11.06.03A(6).

AREA REVIEWED	POPULATIONS	SAMPLE SIZE	VIOLATIONS	ERROR %
CARE DENIED CLAIMS	66,204	999	10	1.0%

**EXAMINATION REPORT SUBMISSION**

The courteous cooperation extended to the examiners by the Company's officers and employees during the course of the examination is gratefully acknowledged.

In addition to the undersigned, Audrey R. Gacofsky-Sperr, Angie Bartlett, and Theresa Morfe, FLMI, participated in this examination and in the preparation of this report.

*Signature on file with original*

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Leighton Tabron  
Chief Market Conduct Examiner  
Compliance and Enforcement

## CareFirst of Maryland, Inc. Denied Claims Exam

## TABLES

**Table A**  
**CARE Claims Paid or Denied In Excess of 30 Days**

MIA Number	Denial Reason	Claim Number
23	Pre Ex	11P4282011532
34	Pre Ex	11R4209614728
35	Pre Ex	11R4226629407
41	Pre Ex	11R4320644017
61	Pre Ex	1144125422446
70	Pre Ex	1144159411323
82	Pre Ex	1144251423506
93	Pre Ex	1144351664003
96	Pre Ex	1184086000776
98	Pre Ex	1184184881608
44	Pend	11P5221021500
45	Pend	11P5221021917
63	Pend	11R5209714040
70	Pend	11R5217628341
87	Pend	1145147512225
88 & 89	Pend	1145182009735
96	Pend	1145207723211
3	Paid with Rejects	11R4008664927
4	Paid with Rejects	11R4037649917
5	Paid with Rejects	11R4184645417
7	Paid with Rejects	1144134427536
8	Paid with Rejects	11P028003107
13	Paid with Rejects	1144033427211
17	Paid with Rejects	1144167410129
23	Paid with Rejects	1144344647806
26	Paid with Rejects	11P4044021984
28	Paid with Rejects	11P4056006193
31	Paid with Rejects	11P4114013619
32	Paid with Rejects	11P4139005505
40	Paid with Rejects	11P4210008043
41	Paid with Rejects	11P4211014962
48	Paid with Rejects	11P4259017703
54	Paid with Rejects	11P4314017208
55	Paid with Rejects	11P4320020541
56	Paid with Rejects	11P4331021612
64	Paid with Rejects	11R4057616817
65	Paid with Rejects	11R4065645025
67	Paid with Rejects	11R4082647703
71	Paid with Rejects	11R4104615814
75	Paid with Rejects	11R4134616207
78	Paid with Rejects	11R4188637729
86	Paid with Rejects	11R4247613419
91	Paid with Rejects	11R4338629522
98	Paid with Rejects	1144329446303
100	Paid with Rejects	11P4358005299
36	Timely Rejects	11R4085622427
53	Timely Rejects	11R4212628509
95	Timely Rejects	1144222636809
54	Retrospective	11P3308018914
8	Inpatient Rejects	11P4020050328
13	Inpatient Rejects	1144065423725

MIA Number	Denial Reason	Claim Number
17	Inpatient Rejects	1144103422501
18	Inpatient Rejects	1144107423444
26	Inpatient Rejects	1144202422527
28	Inpatient Rejects	1144229423257
30	Inpatient Rejects	1144274422133
33	Inpatient Rejects	1144289422057
36	Inpatient Rejects	1183350004690
39	Inpatient Rejects	1183356025855
41	Inpatient Rejects	1184002000631
47	Inpatient Rejects	1184027000713
49	Inpatient Rejects	1184037000451
53	Inpatient Rejects	1184064001833
56	Inpatient Rejects	1184072000447
58	Inpatient Rejects	1184075001042
59	Inpatient Rejects	1184089000040
60	Inpatient Rejects	1184110002349
61	Inpatient Rejects	1184113000400
62	Inpatient Rejects	1184121000021
66	Inpatient Rejects	1184138003092
67	Inpatient Rejects	1184147001611
71	Inpatient Rejects	1184162000005
73	Inpatient Rejects	1184181000654
78	Inpatient Rejects	1184217003131
79	Inpatient Rejects	1184224002288
80	Inpatient Rejects	1184230000469
85	Inpatient Rejects	1184253002859
86	Inpatient Rejects	1184254001485
88	Inpatient Rejects	1184268007597
90	Inpatient Rejects	1184287006608
92	Inpatient Rejects	1184294006526
95	Inpatient Rejects	1184308003148
98	Inpatient Rejects	1184338001259
99	Inpatient Rejects	1184342007427
3	Outpatient Rejects	11B4320100214
5	Outpatient Rejects	11P3351017422
8	Outpatient Rejects	11P4006014400
9	Outpatient Rejects	11P4008011528
12	Outpatient Rejects	11P4020068807
17	Outpatient Rejects	11P4029025147
18	Outpatient Rejects	11P4030014687
21	Outpatient Rejects	11P4050020090
22	Outpatient Rejects	11P4056005569
28	Outpatient Rejects	11P4083005700
35	Outpatient Rejects	11P4128020097
41	Outpatient Rejects	11P4160008602
42	Outpatient Rejects	11P4190005751
45	Outpatient Rejects	11P4205006348
52	Outpatient Rejects	11P423002430
56	Outpatient Rejects	11P4247005352
62	Outpatient Rejects	11P4306024451
64	Outpatient Rejects	11P4316025445
74	Outpatient Rejects	11P4356019486
79	Outpatient Rejects	11R3356619509
89	Outpatient Rejects	11R4043641323
91	Outpatient Rejects	11R4057636812
104	Outpatient Rejects	11R4134625918
107	Outpatient Rejects	11R4141614212
110	Outpatient Rejects	11R4155619906
115	Outpatient Rejects	11R4180657317
121	Outpatient Rejects	11R4198614206
147	Outpatient Rejects	11R4315658706
153	Outpatient Rejects	1143356424911
156	Outpatient Rejects	1144006410991
157	Outpatient Rejects	1144006427120

<b>MIA Number</b>	<b>Denial Reason</b>	<b>Claim Number</b>
160	Outpatient Rejects	1144044651822
165	Outpatient Rejects	1144091422711
177	Outpatient Rejects	144243410373
178	Outpatient Rejects	1144245428432
180	Outpatient Rejects	1144282427530
181	Outpatient Rejects	1144286422906
186	Outpatient Rejects	1144337422941
188	Outpatient Rejects	1144356427322
190	Outpatient Rejects	1184049004615
191	Outpatient Rejects	1184099001912
192	Outpatient Rejects	1184166001810
200	Outpatient Rejects	1184345005160

**Table B**  
**NASCO Claims Paid or Denied In Excess of 30 Days**

MIA Number	Denial Reason	Claim Number
2	Retrospective	026042538714402
4	Pend	06043440331703
7	Pend	01043168520002
1	No Pre In.Pt.	01041458520300
7	Timely Rejects	6042230350400
17	Timely Rejects	026040976063400
2	Paid With Rejects	6040130425300
4	Paid With Rejects	006040226870300
5	Paid With Rejects	006041678642300
7	Paid With Rejects	006041908616100
10	Paid With Rejects	006042180234100
12	Paid With Rejects	006042260240600
13	Paid With Rejects	006042330401500
14	Paid With Rejects	006042440351900
18	Paid With Rejects	006043018622600
28	Paid With Rejects	026040546079300
31	Paid With Rejects	026040636157200
32	Paid With Rejects	026040976015300
33	Paid With Rejects	026041003708100
34	Paid With Rejects	026041146198700
35	Paid With Rejects	026041383420200
36	Paid With Rejects	026041672432800
39	Paid With Rejects	026041806067000
43	Paid With Rejects	026042094291500
44	Paid With Rejects	026042096038400
46	Paid With Rejects	026042183098800
56	Paid With Rejects	2604274611600
65	Paid With Rejects	026043175486700
57	Paid With Rejects	02604288231700
58	Paid With Rejects	026043013692600
59	Paid With Rejects	026043065210000
60	Paid With Rejects	026043084584500
62	Paid With Rejects	026043164896400
63	Paid With Rejects	026043265196400
79	Paid With Rejects	026033578411600
80	Paid With Rejects	026033642055500
1	No Pre Outpatient	1040366590100
2	No Pre Outpatient	1042612350000
5	No Pre Outpatient	1043376512100
12	No Pre Outpatient	604037723110
13	No Pre Outpatient	604037723100
19	No Pre Outpatient	6042438590700
20	No Pre Outpatient	6042438590800
21	No Pre Outpatient	6042448513300
22	No Pre Outpatient	6042450311100
30	No Pre Outpatient	020042152019400
31	No Pre Outpatient	20043152023100
36	No Pre Outpatient	026040222136600
40	No Pre Outpatient	026040286046900
42	No Pre Outpatient	026040422741900
43	No Pre Outpatient	026040442049500
51	No Pre Outpatient	26040698888500
74	No Pre Outpatient	026042326118200
81	No Pre Outpatient	026042558037600
96	No Pre Outpatient	026043443089199
98	No Pre Outpatient	026043454879600

**Table C**  
**FLEXX Claims Paid or Denied In Excess of 30 Days**

MIA Number	Denial Reason	Claim Number
1	Pre Existing IMD	3202778204
3	Pre Existing IMD	4343731102
7	Pre Existing IMD	4215106172
10	Pre Existing IMD	3272128986
19	Pre Existing IMD	3281109331
20	Pre Existing IMD	4351129432
27	Pre Existing IMD	4110130600
31	Pre Existing IMD	3218125597
34	Pre Existing IMD	4203114729
38	Pre Existing IMD	4084719417
39	Pre Existing IMD	422413031
53	Pre Existing IMD	3265011079MZ
64	Pre Existing IMD	4076001858
66	Pre Existing IMD	4261109075
67	Pre Existing IMD	4307114951
68	Pre Existing IMD	4168116024
74	Pre Existing IMD	4208116616
1	Pre Existing Group	4062113830
10	Pend	6027160284
22	Pend	6023148207
27	Pend	6027144271
48	Pend	6032R02931
5F	Inpatient Facility	4336116321
11F	Inpatient Facility	4040013255
12F	Inpatient Facility	4173100368
14F	Inpatient Facility	4338010736
19F	Inpatient Facility	3290102603
20F	Inpatient Facility	3031128708
22F	Inpatient Facility	4344107103
23F	Inpatient Facility	4084116881
24F	Inpatient Facility	2311136818
27F	Inpatient Facility	4225103840
29F	Inpatient Facility	4148510100
31F	Inpatient Facility	4324108775
33F	Inpatient Facility	4170103543
34F	Inpatient Facility	4134010794
4	Inpatient Professional	4099113243
8	Inpatient Professional	4149103789
18	Inpatient Professional	4176129465
26	Inpatient Professional	4188116991
28	Inpatient Professional	4168132813
29	Inpatient Professional	4091131539
31	Inpatient Professional	4222728525
34	Inpatient Professional	4219131051
35	Inpatient Professional	3325R00414
42	Inpatient Professional	4021117811RJ
43	Inpatient Professional	4030121405
49	Inpatient Professional	4204705524
56	Inpatient Professional	4002133604
69	Inpatient Professional	4300R00365
4	Outpatient	4063011536
9	Outpatient	4303726037
11	Outpatient	4345138905
15	Outpatient	4338710828
20	Outpatient	4063131321
24	Outpatient	4240719519
26	Outpatient	4222101245
27	Outpatient	4278102564
28	Outpatient	4205126149
29	Outpatient	4292103655

MIA Number	Denial Reason	Claim Number
33	Outpatient	4286106572
37	Outpatient	4292003456
40	Outpatient	4023111682
42	Outpatient	4296721812
6	Paid with Rejects IMD	4139710013
9	Paid with Rejects IMD	4286000267
11	Paid with Rejects IMD	4099105077
15	Paid with Rejects IMD	4161106441
16	Paid with Rejects IMD	4232714745
19	Paid with Rejects IMD	4261724535
22	Paid with Rejects IMD	4210132055
23	Paid with Rejects IMD	4321107179
24	Paid with Rejects IMD	4329106547
25	Paid with Rejects IMD	4337108086
27	Paid with Rejects IMD	4225001739
28	Paid with Rejects IMD	4243715972
31	Paid with Rejects IMD	4341003486
36	Paid with Rejects IMD	4159001557
40	Paid with Rejects IMD	4188750320
42	Paid with Rejects IMD	4292141624
43	Paid with Rejects IMD	4324126718
44	Paid with Rejects IMD	4282001237
48	Paid with Rejects IMD	41382297EFM1
50	Paid with Rejects IMD	4232738733
4	Paid with Rejects Group	4188124794
8	Paid with Rejects Group	4313753804
12	Paid with Rejects Group	4190500418MA
20	Paid with Rejects Group	4285109176
21	Paid with Rejects Group	4260106115
23	Paid with Rejects Group	4217720632
24	Paid with Rejects Group	4096000739
26	Paid with Rejects Group	4282002367
28	Paid with Rejects Group	4240714413
29	Paid with Rejects Group	4226716521
30	Paid with Rejects Group	4238705547
31	Paid with Rejects Group	4166719618
32	Paid with Rejects Group	4289115452
33	Paid with Rejects Group	4184131851
36	Paid with Rejects Group	4027722427
37	Paid with Rejects Group	4210115726
39	Paid with Rejects Group	4343500521
40	Paid with Rejects Group	4271749249
41	Paid with Rejects Group	4299719406
45	Paid with Rejects Group	4058010514
48	Paid with Rejects Group	4134768543
50	Paid with Rejects Group	4131716165
51	Paid with Rejects Group	4160713411
53	Paid with Rejects Group	4133000419
54	Paid with Rejects Group	4183719421
55	Paid with Rejects Group	4295724543
58	Paid with Rejects Group	4253712338
59	Paid with Rejects Group	4253000100
62	Paid with Rejects Group	4071714115
65	Paid with Rejects Group	4069104677
66	Paid with Rejects Group	4093500931
67	Paid with Rejects Group	4180760133
68	Paid with Rejects Group	4310757847
69	Paid with Rejects Group	4180123987
70	Paid with Rejects Group	4356121468
21	Timely Rejects	4021115461
29	Timely Rejects	4132001099
34	Timely Rejects	4078711405
42	Timely Rejects	4142002862
5	No Referral	4223124459

MIA Number	Denial Reason	Claim Number
18	No Referral	4208001218
19	No Referral	4296123307
21	No Referral	4224734139
22	No Referral	4061135490
24	No Referral	4274733401
27	No Referral	4036114268
37	No Referral	4077125645
40	No Referral	4014112370
47	No Referral	4035716205
49	No Referral	4289129237
9	Retrospective	3230127545
11	Retrospective	3035118622
14	Retrospective	3323101428RJ
19	Retrospective	4128500211
26	Retrospective	4203001635

**Table D**  
**CARE Claims Paid In Excess of 30 Days With Interest**

MIA Number	Denial Reason	Claim Number
23	Pre Ex	11P4282011532
34	Pre Ex	11R4209614728
35	Pre Ex	11R4226629407
41	Pre Ex	11R4320644017
82	Pre Ex	1144251423506
45	Pend	11P5221021917
70	Pend	11R5217628341
3	Paid with Rejects	11R4008664927
4	Paid with Rejects	11R4037649917
7	Paid with Rejects	1144134427536
8	Paid with Rejects	11P028003107
17	Paid with Rejects	1144167410129
23	Paid with Rejects	1144344647806
26	Paid with Rejects	11P4044021984
28	Paid with Rejects	11P4056006193
31	Paid with Rejects	11P4114013619
32	Paid with Rejects	11P4139005505
40	Paid with Rejects	11P4210008043
41	Paid with Rejects	11P4211014962
48	Paid with Rejects	11P4259017703
54	Paid with Rejects	11P4314017208
64	Paid with Rejects	11R4057616817
67	Paid with Rejects	11R4082647703
71	Paid with Rejects	11R4104615814
75	Paid with Rejects	11R4134616207
78	Paid with Rejects	11R4188637729
91	Paid with Rejects	11R4338629522
98	Paid with Rejects	1144329446303
100	Paid with Rejects	11P4358005299
36	Timely Rejects	11R4085622427
53	Timely Rejects	11R4212628509
54	Retrospective	11P3308018914
8	Inpatient Rejects	11P4020050328
18	Inpatient Rejects	1144107423444
28	Inpatient Rejects	1144229423257
30	Inpatient Rejects	1144274422133
5	Outpatient Rejects	11P3351017422
8	Outpatient Rejects	11P4006014400
9	Outpatient Rejects	11P4008011528
12	Outpatient Rejects	11P4020068807
17	Outpatient Rejects	11P4029025147
18	Outpatient Rejects	11P4030014687
21	Outpatient Rejects	11P4050020090
22	Outpatient Rejects	11P4056005569
28	Outpatient Rejects	11P4083005700
35	Outpatient Rejects	11P4128020097
41	Outpatient Rejects	11P4160008602
42	Outpatient Rejects	11P4190005751
45	Outpatient Rejects	11P4205006348
52	Outpatient Rejects	11P423002430
56	Outpatient Rejects	11P4247005352
64	Outpatient Rejects	11P4316025445
74	Outpatient Rejects	11P4356019486
79	Outpatient Rejects	11R3356619509
89	Outpatient Rejects	11R4043641323
91	Outpatient Rejects	11R4057636812
104	Outpatient Rejects	11R4134625918
107	Outpatient Rejects	11R4141614212
110	Outpatient Rejects	11R4155619906
115	Outpatient Rejects	11R4180657317

<b>MIA Number</b>	<b>Denial Reason</b>	<b>Claim Number</b>
121	Outpatient Rejects	11R4198614206
147	Outpatient Rejects	11R4315658706
153	Outpatient Rejects	1143356424911
156	Outpatient Rejects	1144006410991
157	Outpatient Rejects	1144006427120
160	Outpatient Rejects	1144044651822
165	Outpatient Rejects	1144091422711
177	Outpatient Rejects	144243410373
178	Outpatient Rejects	1144245428432
180	Outpatient Rejects	1144282427530
181	Outpatient Rejects	1144286422906
188	Outpatient Rejects	1144356427322
200	Outpatient Rejects	1184345005160

Table E

## NASCO Claims Paid In Excess of 30 Days With Interest

MIA Number	Denial Reason	Claim Number
2	Retrospective	026042538714402
4	Pend	06043440331703
7	Pend	01043168520002
1	No Pre In.Pt.	01041458520300
7	Timely Rejects	6042230350400
17	Timely Rejects	026040976063400
2	Paid With Rejects	6040130425300
4	Paid With Rejects	006040226870300
5	Paid With Rejects	006041678642300
7	Paid With Rejects	006041908616100
010	Paid With Rejects	006042180234100
12	Paid With Rejects	006042260240600
13	Paid With Rejects	006042330401500
14	Paid With Rejects	006042440351900
18	Paid With Rejects	006043018622600
28	Paid With Rejects	026040546079300
31	Paid With Rejects	026040636157200
32	Paid With Rejects	026040976015300
33	Paid With Rejects	026041003708100
34	Paid With Rejects	026041146198700
35	Paid With Rejects	026041383420200
36	Paid With Rejects	026041672432800
39	Paid With Rejects	026041806067000
43	Paid With Rejects	026042094291500
44	Paid With Rejects	026042096038400
46	Paid With Rejects	026042183098800
56	Paid With Rejects	2604274611600
65	Paid With Rejects	026043175486700
57	Paid With Rejects	02604288231700
58	Paid With Rejects	026043013692600
59	Paid With Rejects	026043065210000
60	Paid With Rejects	026043084584500
62	Paid With Rejects	026043164896400
63	Paid With Rejects	026043265196400
79	Paid With Rejects	026033578411600
80	Paid With Rejects	026033642055500
1	No Pre Outpatient	1040366590100
2	No Pre Outpatient	1042612350000
5	No Pre Outpatient	1043376512100
12	No Pre Outpatient	604037723110
13	No Pre Outpatient	604037723100
19	No Pre Outpatient	6042438590700
20	No Pre Outpatient	6042438590800
21	No Pre Outpatient	6042448513300
22	No Pre Outpatient	6042450311100
30	No Pre Outpatient	020042152019400
31	No Pre Outpatient	20043152023100
36	No Pre Outpatient	026040222136600
40	No Pre Outpatient	026040286046900
42	No Pre Outpatient	026040422741900
43	No Pre Outpatient	026040442049500
51	No Pre Outpatient	26040698888500
74	No Pre Outpatient	026042326118200
81	No Pre Outpatient	026042558037600
96	No Pre Outpatient	026043443089199
98	No Pre Outpatient	026043454879600

**Table F**  
**FLEXX Claims Paid In Excess of 30 Days - With Interest**

MIA Number	Denial Reason	Claim Number
1	Pre Existing IMD	3202778204
3	Pre Existing IMD	4343731102
7	Pre Existing IMD	4215106172
10	Pre Existing IMD	3272128986
19	Pre Existing IMD	3281109331
20	Pre Existing IMD	4351129432
27	Pre Existing IMD	4110130600
31	Pre Existing IMD	3218125597
34	Pre Existing IMD	4203114729
39	Pre Existing IMD	422413031
53	Pre Existing IMD	3265011079MZ
64	Pre Existing IMD	4076001858
66	Pre Existing IMD	4261109075
67	Pre Existing IMD	4307114951
68	Pre Existing IMD	4168116024
74	Pre Existing IMD	4208116616
27	Pend	6027144271
5F	Inpatient Facility	4336116321
11F	Inpatient Facility	4040013255
12F	Inpatient Facility	4173100368
14F	Inpatient Facility	4338010736
20F	Inpatient Facility	3031128708
4	Inpatient Professional	4099113243
8	Inpatient Professional	4149103789
26	Inpatient Professional	4188116991
28	Inpatient Professional	4168132813
29	Inpatient Professional	4091131539
31	Inpatient Professional	4222728525
34	Inpatient Professional	4219131051
35	Inpatient Professional	3325R00414
42	Inpatient Professional	4021117811RJ
43	Inpatient Professional	4030121405
49	Inpatient Professional	4204705524
56	Inpatient Professional	4002133604
69	Inpatient Professional	4300R00365
9	Outpatient	4303726037
11	Outpatient	4345138905
15	Outpatient	4338710828
20	Outpatient	4063131321
24	Outpatient	4240719519
26	Outpatient	4222101245
27	Outpatient	4278102564
28	Outpatient	4205126149
37	Outpatient	4292003456
40	Outpatient	4023111682
42	Outpatient	4296721812
6	Paid with Rejects IMD	4139710013
9	Paid with Rejects IMD	4286000267
11	Paid with Rejects IMD	4099105077
15	Paid with Rejects IMD	4161106441
16	Paid with Rejects IMD	4232714745
19	Paid with Rejects IMD	4261724535
22	Paid with Rejects IMD	4210132055
23	Paid with Rejects IMD	4321107179
24	Paid with Rejects IMD	4329106547
25	Paid with Rejects IMD	4337108086
27	Paid with Rejects IMD	4225001739
28	Paid with Rejects IMD	4243715972
31	Paid with Rejects IMD	4341003486
36	Paid with Rejects IMD	4159001557

MIA Number	Denial Reason	Claim Number
40	Paid with Rejects IMD	4188750320
42	Paid with Rejects IMD	4292141624
43	Paid with Rejects IMD	4324126718
44	Paid with Rejects IMD	4282001237
48	Paid with Rejects IMD	41382297EFM1
50	Paid with Rejects IMD	4232738733
4	Paid with Rejects Group	4188124794
8	Paid with Rejects Group	4313753804
12	Paid with Rejects Group	4190500418MA
20	Paid with Rejects Group	4285109176
21	Paid with Rejects Group	4260106115
23	Paid with Rejects Group	4217720632
24	Paid with Rejects Group	4096000739
26	Paid with Rejects Group	4282002367
28	Paid with Rejects Group	4240714413
29	Paid with Rejects Group	4226716521
30	Paid with Rejects Group	4238705547
31	Paid with Rejects Group	4166719618
32	Paid with Rejects Group	4289115452
33	Paid with Rejects Group	4184131851
36	Paid with Rejects Group	4027722427
37	Paid with Rejects Group	4210115726
39	Paid with Rejects Group	4343500521
40	Paid with Rejects Group	4271749249
41	Paid with Rejects Group	4299719406
45	Paid with Rejects Group	4058010514
48	Paid with Rejects Group	4134768543
50	Paid with Rejects Group	4131716165
51	Paid with Rejects Group	4160713411
53	Paid with Rejects Group	4133000419
54	Paid with Rejects Group	4183719421
55	Paid with Rejects Group	4295724543
58	Paid with Rejects Group	4253712338
59	Paid with Rejects Group	4253000100
62	Paid with Rejects Group	4071714115
65	Paid with Rejects Group	4069104677
66	Paid with Rejects Group	4093500931
67	Paid with Rejects Group	4180760133
68	Paid with Rejects Group	4310757847
69	Paid with Rejects Group	4180123987
70	Paid with Rejects Group	4356121468
21	Timely Rejects	4021115461
29	Timely Rejects	4132001099
34	Timely Rejects	4078711405
42	Timely Rejects	4142002862
5	No Referral	4223124459
18	No Referral	4208001218
19	No Referral	4296123307
21	No Referral	4224734139
22	No Referral	4061135490
24	No Referral	4274733401
37	No Referral	4077125645
40	No Referral	4014112370
47	No Referral	4035716205
49	No Referral	4289129237
9	Retrospective	3230127545
11	Retrospective	3035118622
14	Retrospective	3323101428RJ
19	Retrospective	4128500211
26	Retrospective	4203001635