

**FLORIDA DEPARTMENT
OF
INSURANCE**

TARGET MARKET CONDUCT REPORT

OF

HUMANA HEALTH INSURANCE
COMPANY OF FLORIDA, INC.

AS OF

JUNE 30th, 2000

**DIVISION OF INSURER SERVICES
BUREAU OF LIFE AND HEALTH
INSURER SOLVENCY & MARKET CONDUCT
MARKET CONDUCT SECTION**

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May 16, 2005

Honorable Tom Gallagher
Treasurer and Insurance Commissioner
State of Florida
The Capitol, Plaza Level Eleven
Tallahassee, Florida 32390-0300

Dear Commissioner Gallagher:

Pursuant to the provisions of Section 624.3161, Florida Statutes, and in accordance with the Agreement for Market Conduct Services dated September 7th, 2000 a Target Market Conduct Examination has been performed on:

Humana Health Insurance Company of Florida, Inc.
500 West Main Street
Louisville, KY 40202

The examination was conducted at the Company's Claim Service Center located at 76 Laura Street, Jacksonville, Florida. The report of such examination is herein respectfully submitted.

Sincerely,

Debora A. Finn, AIE, FLMI
Independent Contract Analyst

***Accredited Insurance Examiner (AIE) Fellow Life Management Institute (FLMI)**

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Scope of Examination

The Florida Department of Insurance (Department) conducted a limited scope target market conduct examination of Humana Health Insurance Company of Florida, Inc, hereinafter referred to as Humana. Independent contract analyst, Debora A. Finn, AIE, FLMI, conducted the examination pursuant to §624.3161, Florida Statutes.

This examination covers the period from October 1, 1998 through June 30, 2000 and was conducted at the administrative offices of Humana located at 76 South Laura Street, Jacksonville, FL 32202. The examination commenced on September 5, 2000, and the fieldwork concluded on November 17, 2000.

The purpose of this Target Market Conduct Examination was to determine if the Company's practices and procedures conform to the Florida Statutes and the Florida Administrative Code.

Procedures and conduct of the examination were in accordance with the Department's Field Examination Guidelines and the National Association of Insurance Commissioners (NAIC) Market Conduct Examiners Handbook. The NAIC handbook standards of a seven percent (7%) error factor for claim resolution procedures and a ten percent (10%) error factor for other procedures were given consideration and applied where applicable.

The examination was limited to assessing compliance and overall procedures used by the Company to administer Preferred Provider Organization (PPO) Health Plans and Medicare Supplement plans sold to Florida residents between October 1, 1998 and June 30, 2000. The primary areas reviewed were as follows:

- Underwriting and Administrative Procedures;
- Billing and Posting;
- Complaint Handling;
- Claims Handling; and
- Claims Denial.

While authorized to write group life and annuities, Humana has never written or sold any contracts.

Introduction

History

Humana Health Insurance Company of Florida, Inc., is a Florida domiciled stock life insurance company wholly owned by Humana, Inc. of Louisville, Kentucky. The Company was licensed to transact insurance business in the State of Florida on December 19, 1983.

Certificate of Authority

The Company is authorized to write the following lines of business in the State of Florida, subject to compliance with all applicable laws and regulations of Florida:

Accident and Health

Group Life and Annuities

Underwriting and Administrative Procedures

The Examination of underwriting and administrative procedures was conducted to determine if the Company had complied with Florida laws and to verify that procedures were being followed uniformly. Tests were conducted on a random sample of group contracts issued or renewed between October 1, 1998 and June 30, 2000. The samples included 46 new contracts issued and 57 contracts renewed.

Examination procedures included the following:

- Verified that the health plan applied for on the group application agreed with the plan issued by the Company.
- Verified that the agent who wrote the policy was a properly licensed and appointed agent of the company.
- Verified that the Company was following procedures to verify that employee eligibility and participation requirements had been satisfied.
- Verified that the Company had complied with the premium rate notice requirements of §627.6645, Florida Statutes, which requires carriers to provide notice of changes in rates at least 45 days prior to policy expiration date.

The examination revealed no exceptions for 79 of the 103 files reviewed, however, documentation for 24 of the files requested was not provided. The reasons given by the Company for not providing file documents was that records were transferred to a different storage facility and the files could not be located during the examination.

Because there were no exceptions noted in the files that the Company produced, it was determined the Company had complied with the underwriting and administrative procedures; however they failed to keep adequate records which resulted in their inability to produce 24 of the 103 files (23%) requested, which is a violation of §624.318(3), Florida Statutes.

The Company is directed to maintain records in a manner that ensures the availability of documents as requested by the Department in accordance with §624.318(3), Florida Statutes.

Billing and Posting

The examination of billing and posting was examined to determine if Humana was accurately and timely posting policyholder premiums. Tests were conducted on the same (103) sample groups that were used to review underwriting and administrative procedures. Examination procedures included tests to verify that:

- premium included on the group proposal agreed with the premium charged on the initial premium billing statement; and
- Humana was posting premium payments on a timely basis.

The examination revealed no exceptions for 79 of the 103 files reviewed; however, documentation for 24 of the files requested was not provided. The reasons given by the Company for not providing the files was that records were transferred to a different storage facility and the files could not be located during the examination.

Because there were no exceptions noted in the files that the Company produced, it was determined the Company had complied with the billing and posting procedures; however they failed to keep adequate records which resulted in their inability to produce 24 of the 103 files (23%) requested, which is a violation of §624.318(3), Florida Statutes.

The Company is directed to maintain records in a manner that ensures the availability of documents as requested by the Department in accordance with §624.318(3), Florida Statutes.

Complaint Handling

The Examination of complaint handling was reviewed to determine if the Company had maintained complaint handling procedures in accordance with §626.9541(1)(j), Florida Statutes.

Humana maintains a record of inquiries received from members, providers, and the Department in the Customer Inquiry System (CIS). The CIS is maintained by the Customer Service Department where representatives log inquiries received via telephone, fax or written correspondence. Florida DOI inquiries are received via facsimile, and are granted priority processing by Critical Inquiry Department personnel. All other inquiries are granted routine priority and are handled by Correspondence Unit

(CU) personnel. The examination of complaint handling was limited to reviewing the written correspondence received from members and providers and faxed inquiries received from the Department. The following information summarizes procedures used by the Company to process written correspondence, and following that is a summary of examination procedures and findings.

Member correspondence is received in the mailroom, where it is assigned a number that includes the Julian date in the first four character spaces. The Julian date evidences the date correspondence was received by the Company. The file is then routed to the Customer Service area for processing. There are approximately 900 pieces of correspondence received monthly.

The Correspondence Unit maintains an aged inventory listing of non-DOI correspondence files waiting to be processed. The following table presents the balances observed by the Examiner during a tour of the claims facility on September 18, 2000.

| Date Observed | 0-7 days | 8-14 days | 15-21 days | Over-21 days | Files Outstanding |
|---------------|----------|-----------|------------|--------------|-------------------|
| 9/18/00 | 536 | 168 | 232 | 2,228 | 3,164 |

Upon Examiner inquiry regarding changes in the volume of correspondence files waiting to be processed, the Company responded that inventory balances had remained constant throughout the survey period, and that no remarkable organizational or departmental personnel changes had occurred.

CIS representatives code inquiries to obtain general information including the:

- source of inquiry;
- reason for the inquiry;
- priority assigned; and
- action taken by the correspondence representative.

The various types of correspondence include but are not limited to the following:

- Claims submitted by members and or providers for member reimbursement of services already paid for by the member for out-of-network prescriptions, laboratory charges and other miscellaneous facilities and or non-participating provider charges;
- Medical records remitted for claim review; and
- Member and provider complaints and claim appeals.

It should be noted that claims received from providers and facilities on prescribed forms such as the HCFA 1500 or UB92 are immediately identified as claims in the Mailroom and routed to the claim processing area for adjudication. Those types of provider and facility claims are discussed in the claim processing section of this report. Any discussion of claims in this section is limited to claims that were submitted by or on behalf of the member that were registered as correspondence rather than claims.

While the CIS system requires representatives to enter a reason code for each inquiry, the coding options lack specificity. For example, the following would all be entered with a reason code: claim inquiry.

1. Complaint - Member submits a letter complaining that their claim was inappropriately denied for the reason that no coverage existed, when in fact, the member did have an active policy, but the claim processor entered the wrong group policy number for the member, which caused the claim to deny.
2. Claim - Member submits a claim for reimbursement of pharmacy charges.
3. Appealed Claim - Member correspondence indicates claim decision is being appealed.

Because Humana identifies each of the examples cited above as a claim inquiry rather than as a complaint; a claim; or an appealed claim; when they were asked to provide a list of complaints received during the survey period, the list provided by the Company included only inquiries received from the Department and none submitted directly by members or providers.

The Examiner determined that procedures used by the Company to record correspondence in the CIS system fail to include requirements for identifying and processing consumer complaints in accordance with §626.9541(1)(j), Florida Statutes – Failure to maintain complaint-handling procedures.

In order to assess the actual procedures used by Humana to process correspondence and complaints, separate random samples were selected to review correspondence received from both Department and non-Department sources. While all of the Department correspondence files were complaints, the non-Department correspondence files reviewed necessarily included complaints, appealed claims, claim submissions and other miscellaneous information registered as claim inquiries by Humana.

The examination procedures included calculating the processing time between the date the correspondence was received and the date the file was closed; and a review of the file was conducted to determine the nature of the correspondence and to determine if the Company responded appropriately. The following information presents separate discussions of examination findings of Department and non-Department correspondence files reviewed.

Department Inquiries/Complaints

The data file submitted to the Examiner included 609 complaints received between April 1999 and June 30, 2000. A random sample of 50 complaint files were selected to review overall procedures and processing time required to resolve the complaints. The processing times for the Department files reviewed are depicted below. Attachment A which follows this report lists the exceptions noted while reviewing the Department Complaint files.

| Processing Time | No. of Complaints | Percentage |
|------------------------|--------------------------|-------------------|
| 0-30 Days | 35 | 70% |
| 31-75 Days | 8 | 16% |
| 76-241 Days | 7 | 14% |

Non-Department Correspondence Files/Claim Inquiries

The data file presented to the Examiner listed 5,406 files registered between January 1, 2000 and June 30, 2000. The correspondence is received evenly throughout the year and it was determined the Company was receiving approximately 900 pieces of correspondence from members and providers monthly. Time studies were conducted on the data file to determine the processing time between the receive date and the close date. The processing time ranged from 0-273 days. The overall processing time is broken down as follows:

| Outstanding Period | No. of Files | Percentage |
|---------------------------|---------------------|-------------------|
| 0 – 30 days | 3,270 | 60% |
| Between 31-60 days | 1,391 | 26% |
| Between 61-90 days | 280 | 5% |
| Between 91 – 120 days | 138 | 3% |
| Between 121- 273 days | 327 | 6% |
| Totals | 5,406 | 100% |

A sample of 74 non-Department correspondence files was selected to review overall procedures used by the Company to process correspondence inquiries. The sample included a random selection of closed and open correspondence files processed more than 60 days after the receive date. The types of files included in the sample were as follows:

| Description | No. of Files | Percentage |
|------------------------------|---------------------|-------------------|
| Complaints | 12 | 16% |
| Claims | 23 | 31% |
| Appealed Claims | 15 | 20% |
| Other, Medical Records, Etc | 24 | 33% |
| Totals Files Reviewed | 74 | 100% |

A narrative summary of the non-Department correspondence files reviewed follows.

Complaints

Approximately 16% of correspondence files reviewed were complaints submitted by members or providers that expressed a grievance over a previously processed claim.

It was determined that procedures used to register correspondence in the CIS System, failed to include a process for identifying and processing complaints and that the Company was unable to produce an accurate listing of complaints received and processed during the examination survey period in violation of §626.9541(1)(j), Florida Statutes.

Claims

Approximately 31% of correspondence files reviewed were claims submitted by or on behalf of members for services the member had previously paid for out-of-network provider, facility or prescription charges, and durable medical equipment. The procedures used to process these claims require the CIS representative to complete a request for claim form that is dated as of the date the correspondence is being worked. The claim is then processed with an incorrect receive date. That is, the claim is entered into the claim system as having been received on the day the correspondence unit processed the claim rather than the date the claim was actually received by the Company. Because health insurers are required to pay claims within 45 days of the receive date, and pay interest on all overdue claims; it is imperative that claim procedures mandate using the actual receive date when processing claims in order to ensure compliance with §627.613(2), Florida Statutes.

It was determined that procedures used to register and process claims received in the correspondence unit indicated a general business practice that failed to acknowledge and act promptly upon communications with respect to claims, violating §626.9541(1)(i)(3)(c), Florida Statutes.

Appealed Claims

Approximately 20% of correspondence files reviewed were appeals submitted by members or providers.

It was determined that procedures used to register correspondence in the CIS System, failed to include a process for identifying and processing an appealed claim in accordance with the Company's own contractual terms which requires the Company to resolve appealed claims within 30 days after the receive date. Additionally, it was determined the procedures used to process correspondence resulted in unreasonable processing delays which resulted in the Company failing to acknowledge and act promptly upon communications with respect to claims, violating §626.9541(1)(i)(3)(c), Florida Statutes.

Medical Records, Insurance Information and Other Correspondence

Approximately 33% of correspondence files reviewed included medical records, other insurance information and other miscellaneous correspondence submitted by members and providers. The files reviewed indicated that the information was needed to process or reprocess a claim. Each of the files reviewed were processed more than 60 days after they were received and it was determined the Company failed to acknowledge and act promptly upon communications with respect to claims, violating §626.9541(1)(i)(3)(c), Florida Statutes.

Attachment B that follows this report lists the exceptions noted while reviewing the non-Department correspondence files.

Claims Processing

The examiner performed a claims review to determine if Company procedures complied with Florida laws as well as with provisions of the members contract. Humana receives and processes approximately 20,000 claims per day, including HMO claims. The review was limited to PPO claims submitted by or on behalf of group policyholders and Medicare Supplement policyholders. The examiner conducted tests on random samples of denied, paid, and pended claims. The tests included:

- time studies to determine if claims were processed in accordance with §627.613(2), Florida Statutes, which requires health claims to be processed within 45 days of the receive date;
- verification that reasons given for denied claims were appropriate and communicated to claimant in accordance with provisions outlined in §626.9541(1)(i)(3)(f), Florida Statutes;
- verification that overdue payments included interest in accordance with §627.613(6), Florida Statutes;
- verification that claims payments were made to the correct provider, at the correct amount, and on the date indicated by the claim history.

Paid Claims

The random sample of paid claims included 669 claims processed between October 1, 1998, and June 30, 2000. The sample was filtered to exclude claims that were paid as an adjustment, but it included claims processed without payment because the amount due to provider or facility was the members deductible and or out-of-pocket expense responsibility.

It was determined that 88 out of 700 (13%) of the paid claims were processed more than 45 days after they were received. This error ratio exceeded the acceptable standard of 7%, which violates §627.613(2), Florida Statutes. In addition, file documentation provided no evidence of required interest payments on those claims paid more than 45 days after they were received. This is a violation of §627.613(6), Florida Statutes. Attachment C following the report lists the claims that were paid more than 45 days after they were received and interest due amounts as prescribed by §627.613(6), Florida Statutes.

The Company is directed to ensure appropriate payment of interest on late paid claims listed in Attachment C, as prescribed by §627.613(6), Florida Statutes.

Pended Claims

The Examiner reviewed a sample of pended claims to determine whether the pended claims were processed within 45 days of the receive date in accordance with §627.613(2), Florida Statutes.

Humana will typically pend a claim when it cannot be automatically adjudicated. Examples of pended claims are as follows:

- Missing or incomplete CPT or diagnosis codes;
- Incorrect provider name, number or address;
- Possible denial for a pre-existing condition.

The sample of pended claims included a review of 16 claims that were pended to the manual calculation unit. These claims require claim processors to manually compute the payment amount because the claim adjudication system does not have the capability of computing payment in accordance with the provider's contract. After reviewing the claims pended for manual calculation, it was determined that 100% of the claims in the sample were processed more than 45 days after they were received. The examiner asked the Company to review the sample of pended claims and provide an explanation for why claims pended to the manual calculation unit were experiencing processing delays, and also to process any claim in the sample that had not yet been paid. Phyllis Otto, Director of Claims and Customer Service for the South Florida Market area, responded that claims pended for manual calculation requires special processing by skilled associates because the system cannot automatically adjudicate the claim; and she further responded that the Company was in the process of training more adjusters because the volume of claims requiring manual calculation had increased over the past few months. At the examiner's request, the Company processed with interest, sample claims that had not yet been processed.

It was determined the Company failed to process 100% of the sample of claims pended for manual calculation within 45 days of being received in violation of § 627.613(2), Florida Statutes. Attachment D following this report lists the pended claims that were paid more than 45 days after they were received.

The Company is directed to immediately process all claims that are currently in the manual calculation pended inventory that are more than 45 days old, with interest as prescribed by §627.613(6), Florida

Statutes. Additionally, the Company is directed to initiate procedures that ensure all claims are processed within 45 days of being received in accordance with § 627.613(2), Florida Statutes.

Denied Claims

The random sample of denied claims included a total of 300 claims that were denied to members and providers between October 1, 1998, and June 30, 2000. It was determined that 16 of the 300 (5%) sample claims were denied claims that were processed more than 45 days after they were received. This error ratio falls within the acceptable error ratio of 7%. In addition to the 16 claims that were denied late, it was determined the company inappropriately denied claims 834209483 and 920838159 for no coverage, when coverage actually existed at the time the services were rendered. At the Examiner's request, the two inappropriately denied claims were re-processed for payment including interest. The examiner concluded the inappropriately denied claims were processing errors that occurred because recent changes to the member's coverage had not been updated in the system at the time the claims were processed.

Claim processing time ranged from 52-111 days. Attachment E following this report lists the claims that were denied more than 45 days after they were received.

Other Findings – Policy Forms

While reviewing Humana's procedures for processing claim appeals, it was noted by the examiner that the text language in one of the of the Company's policy contracts: form number SMS-1000 95-5, Section 6: Appeals Procedures, contradicted the provisions of §627.6141, Florida Statutes.

Policy form SMS-1000 95-5 was approved by the Department on June 7, 1995. This approval predated the enactment of §627.6141, Florida Statutes which was effective in 1996.

Policy form SMS-1000 95-5, Section 6: Appeals Procedures states:

If a Covered Person is dissatisfied with any of the Carrier's benefit determinations made under this Group Plan, he or she may appeal the decision. Such appeals will be handled on a timely basis and appropriate records kept on all appeals.

The Covered Person should appeal in writing to the address given on the denial letter or the claims statement sent by the Carrier. The appeal will be reviewed by the Carrier's Appeals Committee and a response sent to the Covered Person no later than 30 days following the receipt of the appeal.

All requests for review by the Appeals Committee should be submitted in writing. The Appeals Committee has guidelines for reviewing appeals and may conduct informal hearings about the appeal. If an informal hearing is to be held, the Covered Person will be notified in advance. Resolution of the appeal will be completed within 30 days. The findings and recommendations of the Appeals Committee will be final.

§627.6141, Florida Statutes - Denial of Claims states:

Each claimant, or provider acting for a claimant, who has had a claim denied as not medically necessary must be provided an opportunity for an appeal to the insurer's licensed physician who is responsible for the medical necessity reviews under the plan or is a member of the plan's peer review group. The appeal may be by telephone, and the insurer's licensed physician must respond within a reasonable time not to exceed 15 business days.

It was determined the Company failed to file revisions to policy form SMS-1000 95-5 with the Department in violation of §627.410(1), Florida Statutes. The Company is directed to file amendments to policy form SMS-1000 95-5 and all other policy forms that contain language that contradicts the appeal provisions of §627.6141, Florida Statutes, with the Department, no later than January 31, 2001.

It is recommended that the Company establish an administrative policy which ensures that all policy forms, amendments, and riders are filed with the Department on a timely basis.

Consumer Recoveries

Recoveries Paid

As a result of this Target Market Conduct Examination of Humana Health Insurance Company of Florida, payments have been made directly to or on behalf of residents of the State Florida in the total amount of one thousand eight hundred ninety one dollars and fifty one cents (\$1,891) representing benefits which were wrongfully denied or processed.

| <u>Claim Number</u> | <u>Amount</u> |
|---------------------|---------------|
| 920828159 | \$ 60 |
| 130784079 | 62 |
| 1142684348 | 95 |
| 147745779 | 74 |
| 137138297 | 1,600 |
| Total Recoveries | \$1,891 |

Future Recoveries

Based on the Examination findings and Directives, it was determined an additional two thousand eight hundred forty two dollars and sixty three cents (\$2,842) of future interest payments are due to or on behalf of residents of Florida for failure to pay claims in accordance with §627.613(6), Florida Statutes. (Reference Attachment C)

Conclusion

The customary practices and procedures promulgated by the National Association of Insurance Commissioners (NAIC) were followed in performing this Target Market Conduct Examination of Humana Health Insurance Company as of June 30, 2000, with due regard to the Insurance Laws of the State of Florida.

Respectfully submitted,

Debra Finn, AIE, FLMI
Independent Contract Analyst

Findings and Recommendations

The following findings were made in the report.

Page 7-8 Underwriting and Administrative Procedures/Billing and Posting

It was determined the Company failed to keep adequate records which resulted in their inability to produce 24 of 103 sample files requested, which is a violation of §624.318(3), Florida Statutes.

The Company is directed to maintain records in a manner that ensures the availability of documents as requested by the Department in accordance with §624.318, Florida Statutes.

Page 8-14 Complaint Handling

It was determined that Humana had failed to maintain complaint handling procedures in accordance with §626.9541(1)(j), Florida Statutes. (Reference: Attachment A & B).

The Company is directed to submit a corrective action plan that addresses the creation of complaint handling procedures that includes proper registration, prompt acknowledgement and timely processing of complaints.

Page 15-16 Claim Processing

It was determined that Humana failed to process 13% of paid claims and 100% of pended claims within 45 days of the receive date in accordance with §627.613(2), Florida Statutes. (Reference Attachment C & D) In addition, file documentation provided no evidence of required interest payments on those claims paid more than 45 days after they were received. This is a violation of §627.613(6), Florida Statutes. Attachment C following the report lists the claims that were paid more than 45 days after they were received and interest due amounts as prescribed by §627.613(6), Florida Statutes.

The Company is directed to ensure appropriate payment of interest on late paid claims listed in Attachment C, as prescribed by §627.613(6), Florida Statutes.

The Company is directed to immediately process all claims that are currently in the manual calculation pended inventory that are more than 45 days old, with interest as prescribed by §627.613(6), Florida Statutes.

The Company is directed to initiate procedures that ensures claims are processed within 45 days after the received date in accordance with §627.613, Florida Statutes.

Based on the numerous claim processing exceptions and violations summarized in this report and the attachments, it was determined that Humana's established business practices resulted in the Company routinely failing to acknowledge and act promptly upon communications with respect to claims, which is a violation of §626.9541(1)(i)(3)(c), Florida Statutes.

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Denied Claims

It was determined that the Company processed 5% of the denied claims more than 45 days after the receive a date. The 5% late processed claims falls within the acceptable error ratio, however, each of the late processed claims is considered to be an exception. (Reference: Attachment E).

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Other Findings – Policy Forms

It was determined that the Company failed to file revisions to policy form SMS-1000 95-5 with the Department in violation of §627.410(1), Florida Statutes.

The Company is directed to file amendments to policy form SMS-1000 95-5 and all other policy forms that contain language that contradicts the appeal provisions of §627.6141, Florida Statutes, with the Department, on or before the 30th day after this Order is executed.

It is recommended that the Company establish an administrative policy which ensures that all policy forms, amendments, and riders required to be filed with the Department be done on a timely basis.

Attachment A

List of violations noted while reviewing Department complaint files

| ICS No. | DOI Complaints – Exceptions and Violations |
|--|---|
| 011504914002A | Upon FL Department inquiry, Humana reprocessed a claim that had been improperly denied for no authorization when in fact, the authorization was submitted with original claim. Exception: Humana inappropriately denied the claim. |
| 004007004003A 003207004013A 003207004013B 925307004003A | Upon FL Department inquiry, Humana reprocessed claims that were inappropriately denied for no coverage when in fact, the member had an active policy. The member had different policies with Humana that were registered under both their own name and their spouse’s name. Exception: Humana failed to link claimant coverage to an in-force policy, resulting in inappropriate denials and processing delays. |
| 011504914005A | Claim was initially denied for no insurance coverage, then it was reprocessed and denied for pre-existing condition. There was no evidence in file that Humana requested pre-existing information from providers until after FL Department submitted an inquiry. Additionally, a letter in file from the provider indicates they were never asked to complete pre-existing medical questionnaire by Humana prior to Department’s inquiry. After a review of facts, Humana determined treatment was not related to pre-existing condition and the claim was paid according to contract. Exception: Humana failed to acknowledge and act promptly upon communications with claims resulting in unnecessary processing delays. |
| 927907004004A | Complaint regarding “right” coding issue. Review of complaint file indicates Humana gave the Provider appropriate and timely notice that medical records should be remitted to support the higher level of claim charges submitted; however, when Humana processed the claim, it was paid more than 45 days after the receive date. Exception: Humana violated 627.613(2), Florida Statutes. |

| ICS No. | DOI Complaints – Exceptions and Violations |
|----------------|---|
| 006604914001A | <p>Complaint regarding improper claim denials. Relates to Humana’s improperly classifying benefits for member in End Stage Renal Failure. Upon Department inquiry, Humana correspondence to Department indicated all corrections and adjustments were re-processed as of 10/5/99. The examiner determined Humana did not make final adjustments as communicated to Department. Humana did not complete the final resolution and payment adjustments until 3/1/00. Exception: Claim was processed incorrectly by Humana which resulted in inappropriate denials and processing delays.</p> |

Attachment B

List of Non-Department Correspondence – Exceptions and Violations

| <u>ICS Number</u> | <u>Process Time Days</u> | <u>Non-Department Correspondence – Exceptions and Violations</u> |
|-------------------|--------------------------|---|
| 010107412055 A | 181 | Member submitted copy of paid receipt and Humana EOB with notes indicating the wrong provider was paid. Upon Examiner inquiry, Humana re-processed claim to pay the correct provider and adjusted the previous claim. Exception: Humana processed claim incorrectly. Violation: Humana failed to acknowledge and act promptly upon communications with respect to claims violating §626.9541(1)(i)(3)(c), Florida Statutes. |
| 009407412053 A | 70 | Member submitted complaint that Humana improperly denied their claim because the wrong group policy number was used. Exception: Humana improperly denied claim. Violation: Humana failed to acknowledge and act promptly upon communications with respect to claims violating §626.9541(1)(i)(3)(c), Florida Statutes. |
| 014507412166 A | 85 | Member submitted complaint indicating Humana never processed their claim. Humana responded to member 85 days after the complaint was received advising the claim had been timely processed. Violation: Humana failed to acknowledge and act promptly upon communications with respect to claims. §626.9541(1)(i)(3)(c), Florida Statutes. |
| 001823605017 A | 101 | Member inquiring why 2 claims were never paid. After review by Humana 101 days after complaint was received, additional payment was made because the claim was originally processed as non-participating provider in error. Exception: Improperly processed claim, and Humana failed to acknowledge and act promptly upon communications with respect to claims violating §626.9541(1)(i)(3)(c), Florida Statutes. |
| 001707004038 A | 109 | Letter from member requesting payment of claim. File indicates Humana sent letter to member explaining claim was processed correctly. Violation: Humana failed to acknowledge and act promptly upon communications with respect to claims, §626.9541(1)(i)(3)(c), Florida Statutes. |
| 010107412111 A | 135 | Humana paid maternity benefits for member's dependent. After Humana conducted a claim audit and determined claim was paid in error, they overturned decision and adjusted payments to providers. Humana never communicated their decision to overturn the claim to the member. After member received notice from their provider that claim was overturned they sent letter to Humana requesting appeal of decision. Exceptions: Humana failed to acknowledge and act promptly upon communications with respect to claims violating §626.9541(1)(i)(3)(c), Florida Statutes. |
| 010404914026 A | 163 | Letter from member inquiring why Humana made reduced payment. Notes in file indicate correspondence clerk reviewed correspondence 5 months after it was received and made determination that claim had been processed correctly. Humana never responded to member. The examiner inquiry whether Humana ever responded to member, Humana re-reviewed the correspondence and determined claim was processed incorrectly, an additional payment was processed with EOB sent to member. Exception: claim processed incorrectly, Humana failed to acknowledge and act promptly upon communications with respect to claims violating §626.9541(1)(i)(3)(c), Florida Statutes. |

| <u>ICS Number</u> | <u>Process Time Days</u> | <u>Non-Department Correspondence – Exceptions and Violations</u> |
|-------------------|--------------------------|---|
| 013106685007 A | 181 | Member correspondence requested reimbursement of deductible for an incorrectly processed claim. Humana never processed correspondence until examiner inquired about status. Upon review of file, Humana called provider to inquire if member had ever been reimbursed for deductible. Provider indicated they would process reimbursement to member that day. Exception: Humana failed to acknowledge and act promptly upon communications with respect to claims violating §626.9541(1)(i)(3)(c), Florida Statutes. |
| 009004914070 A | 222 | Member correspondence requesting explanation of how claims were processed. Humana sent response to member 222 days after correspondence received. Exception: Humana failed to acknowledge and act promptly upon communications with respect to claims violating §626.9541(1)(i)(3)(c), Florida Statutes. |
| 005923605151 A | 224 | Member correspondence inquiring about how Humana applied deductible on their claim. Humana sent response to member 224 days after correspondence received. Exception: Humana failed to acknowledge and act promptly upon communications with respect to claims violating §626.9541(1)(i)(3)(c), Florida Statutes. |
| 007604914041 A | 239 | Member correspondence indicates claim check was processed and sent to the wrong provider. Humana never processed correspondence until Examiner inquired about status. Humana processed the correction 239 days after correspondence was received. Exception: Humana failed to acknowledge and act promptly upon communications with respect to claims violating §626.9541(1)(i)(3)(c), Florida Statutes. |
| 006323605055 A | 245 | Member correspondence including copy of paid receipt and a request that charges be processed to deductible. Humana failed to process correspondence until Examiner inquired about status. Correspondence processed 245 days after it was received. Exception: Humana failed to acknowledge and act promptly upon communications with respect to claims violating §626.9541(1)(i)(3)(c), Florida Statutes. |
| 007507412039 A | 64 | Member submit correspondence including: (1)Complaint that a previously processed claim was inappropriately applied to deductible, and (2) submitted a claim for durable medical equipment already paid by member. Humana reviewed the correspondence 45 days after it was received and determined claim was processed appropriately, however never responded to complainant. The claim for DME was sent to process 60 days after it was received. Exception: Humana failed acknowledge and act promptly upon communications with respect to claims violating §626.9541(1)(i)(3)(c), Florida Statutes, and failure to process claim within 45 days of receive date, violating §627.613(2), Florida Statutes. |
| 013007412121 A | 48 | Claim submitted by member was insufficient to process. Humana sent letter to member 48 days later, advising additional information was needed to process claim. Exception: Claim processed more than 45 days after it was received in accordance with §627.613(2), Florida Statutes. |
| 011507412093 A | 63 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 009807412031 A | 66 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 009507412090 A | 67 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 009407412069 A | 70 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 013107412053 A | 72 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |

| ICS Number | Process Time Days | Non-Department Correspondence – Exceptions and Violations |
|-------------------|--------------------------|--|
| 009007412038 A | 72 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 009007412052 A | 72 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 013807412106 A | 76 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 013807412107 A | 76 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 002707004031 A | 81 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 013107412008 A | 82 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 008304914040 A | 103 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 004823605171 A | 120 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 014007412100 A | 171 | Notes on claim indicate "3rd submission". Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 013106685008 A | 180 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 010204914035 A | 210 | Claim submitted by member insufficient to process. Humana sent letter to member 210 days after receive date advising additional information needed to process claim. Exception: claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 009804914018 A | 214 | Claim submitted by member insufficient to process. Humana sent letter to member 214 days after receive date advising additional information needed to process claim. Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 004623605130 A | 237 | Claim processed more than 45 days after it was received in violation of §627.613(2), Florida Statutes. |
| 012407412091 A | 63 | Letter from provider requesting Humana reprocess a claim check that was never received or cashed. Correspondence was never reviewed until 63 days later. Exception: Humana failed to acknowledge and act promptly upon communications related to claims in violation of §626.9541(1)(i)(3), Florida Statutes. |
| 014404914041 A | 66 | Humana received other insurance information from insured. Correspondence was never reviewed and claim was denied 3 days for the reason that no response regarding other insurance information had been received from member. 2 months later, claim was reprocessed for payment. Exception: claim was improperly denied, and Humana failed to acknowledge and act promptly upon receipt of information related to a claim in violation of §626.9541(1)(i)(3), Florida Statutes. |
| 015107412002 A | 69 | Explanation of Medicare Benefits was received as correspondence. Claim was not processed until 69 days later. Exception: Failure to acknowledge and act promptly upon receipt of correspondence related to a claim in accordance with §626.9541(1)(i)(3), Florida Statutes. |
| 007507412054 A | 70 | Explanation of Medicare Benefits was received as correspondence. Claim was not processed until 69 days later. Exception: Failure to acknowledge and act promptly upon receipt of correspondence related to a claim in accordance with §626.9541(1)(i)(3), Florida Statutes. |

| ICS Number | Process Time Days | Non-Department Correspondence – Exceptions and Violations |
|-------------------|--------------------------|--|
| 006223605147 A | 76 | Explanation of Medicare Benefits was received as correspondence. Claim was not processed until 69 days later. Exception: Failure to acknowledge and act promptly upon receipt of correspondence related to a claim in accordance with §626.9541(1)(i)(3), Florida Statutes. |
| 009807412125 A | 76 | Medical records received in correspondence unit (CU). Notes in file indicate 2nd submission. CU did not process and route to medical review for 2 months later. After medical records were reviewed, claim was processed for payment. Exception: Failure to acknowledge and act promptly upon receipt of communications related to a claim in accordance with §626.9541(1)(i)(3), Florida Statutes. |
| 008907412143 A | 84 | Other insurance information was received from member. File notes indicate member information was updated and no further action was required. Upon examiner inquiry into status of claim, Humana sent letter to provider 84 days after correspondence received, requesting pre-existing information. Exception: failure to acknowledge or act promptly upon communications with respect to claims §626.9541(1)(i)(3), Florida Statutes. |
| 002423605076 A | 86 | Explanation of Medicare Benefits received weren't not processed for 86 days. Exception: Failure to acknowledge and act promptly upon receipt of communications with respect to claims §626.9541(1)(i)(3), Florida Statutes. |
| 013007412049 A | 90 | Medical Records received for claim. Information wasn't forwarded to medical record review timely. Review of records upheld denial. Exception: Failure to acknowledge and act promptly upon receipt of communications with respect to claims §626.9541(1)(i)(3), Florida Statutes. |
| 016507412048 A | 91 | Correspondence from provider requesting copy of a claim check. Humana responded 91 days after request was received. Exception: Failure to acknowledge and act promptly upon receipt of communications with respect to claims §626.9541(1)(i)(3), Florida Statutes. |
| 016507412018 A | 146 | Medical records received in CU were not sent to medical records for review until 146 days after they were received. After 1-day review, partial payment was made and a letter was sent to provider requesting additional information. Exception: Failure to acknowledge and act promptly upon receipt of communications with respect to claims §626.9541(1)(i)(3), Florida Statutes. |
| 014402330013 A | 149 | Undeliverable check was returned to Humana and routed to correspondence unit. It was not resent to member until 149 days later. Exception: Failure to acknowledge and act promptly upon receipt of communications with respect to claims §626.9541(1)(i)(3), Florida Statutes. |
| 015104914032 A | 160 | Claim inquiry received from member, Humana did not respond to member until 160 days after inquiry was received. Exception: Failure to acknowledge and act promptly upon receipt of communications with respect to claims §626.9541(1)(i)(3), Florida Statutes. |
| 012207412070 A | 172 | Explanation of Medicare Benefits (EOMB) received for 2 claims. One claim was previously processed. The other claim previously denied for the reason that no EOMB had been remitted. Humana did not process the correspondence until the Examiner inquired about the status. The claim previously denied was reprocessed for payment 172 days after the EOMB was received. Exception: Failure to acknowledge and act promptly upon receipt of communications with respect to claims §626.9541(1)(i)(3), Florida Statutes. |
| 014004914044 A | 49 | Member appeal of denied pharmacy claim. Humana sent letter to member advising a one-time exception would be granted and denial was overturned. Exception: Untimely processed appeal in violation of Humana's own contractual obligation, failure to acknowledge and act promptly upon communications related to claim §626.9541(1)(i)(3), Florida Statutes. |

| ICS Number | Process Time Days | Non-Department Correspondence – Exceptions and Violations |
|-------------------|--------------------------|--|
| 009807412122 A | 68 | Member appeal of denied charges for claim date of service 3/4/00. Humana sent letter to provider 68 days after appeal was received advising claim was processed correctly. Exception: failure to acknowledge and act promptly upon communications related to claim §626.9541(1)(i)(3), Florida Statutes. |
| 011807412097 A | 69 | Provider appeal of denied charges. Humana failed to process appeal timely in accordance with contractual provisions, and failure to acknowledge and act promptly upon communications related to claim §626.9541(1)(i)(3), Florida Statutes. |
| 015807412130 A | 69 | Provider submitted medical records and appeal of denied claim. Correspondence unit failed to send medical records for review until 2 months after they were received. Upon review of medical records, Humana overturned denial. Exception: Failure to process appeal in accordance with contractual obligations and failure to acknowledge and act promptly upon communications related to a claim §626.9541(1)(i)(3), Florida Statutes. |
| 011004914031 A | 70 | Member appeal of denied charges. Humana responded to member 70 days after receipt of appeal. Exception: violated contractual obligation to process appeal within 30 days of the receive date, and failed to acknowledge and act promptly upon communications related to a claim in violation of §626.9541(1)(i)(3), Florida Statutes. |
| 001723605013 A | 77 | Member appeal of denied claims. Medical records received by Humana were not processed until 2 months after they were received. Upon review of appeal, denial was overturned. Exception: violation of contractual obligations to process appeal within 30 days of receive date, and failure to acknowledge and act promptly upon communications related to a claim §626.9541(1)(i)(3), Florida Statutes. |
| 006123605021 A | 114 | Member appeal of claim denied for no authorization. After review of medical records, Humana made a one-time exception to pay claim. Upon Examiner inquiry, Humana asserts denial for no authorization was appropriate. Exception: Humana failed to process appeal in accordance with contractual obligations to resolve within 30 days of the receive date and failure to acknowledge and act promptly upon communications related to a claim §626.9541(1)(i)(3), Florida Statutes. |
| 008004914046 A | 126 | Member submits appeal of denied claim. Humana sent letter to Provider but never responded to member directly. Exception: Humana failed to process appeal in accordance with contractual obligations to resolve within 30 days of being received and failure to acknowledge and act promptly upon communications related to a claim §626.9541(1)(i)(3), Florida Statutes. |
| 017404914057 A | 138 | Member appeal of denied claim. Humana failed to review appeal until examiner inquired about the status. Upon examiner inquiry, Humana processed the appeal and upheld all denials. Humana then phoned member to advise of appeal decision. Exception: Humana failed to process appeal in accordance with contractual obligations to resolve within 30 days, and failure to acknowledge and act promptly upon communications related to a claim §626.9541(1)(i)(3), Florida Statutes. |

| <u>ICS Number</u> | <u>Process Time Days</u> | <u>Non-Department Correspondence – Exceptions and Violations</u> |
|-------------------|--------------------------|--|
| 011807412094 A | 195 | Member appeal of claims denied for no coverage. Correspondence indicates member #, and group # were incorrect in Humana's system. Member states re-occurring problem. Upon Examiner inquiry, Humana reviewed appeal and reprocessed claim for payment. Exception: Humana violated contractual obligations to process appeal within 30 days of receive date and failure to acknowledge and act promptly upon communications related to a claim §626.9541(1)(i)(3), Florida Statutes. |
| 008204914037 A | 230 | Member appeal of denied claim. Humana failed to respond to member until Examiner inquired about status of appeal. Exception: Humana violated contractual obligation to process appeal within 30 days of the receive date, and failure to acknowledge and act promptly upon communications related to a claim §626.9541(1)(i)(3), Florida Statutes. |
| 006207004016 A | 246 | Member appeal of denied charges. Humana responded to member 246 days after appeal received. Exception: Humana violated contractual obligation to process appeal with 30 days of the receive date, and failure to acknowledge and act promptly upon communications related to a claim §626.9541(1)(i)(3), Florida Statutes. |
| 001823605042 A | 314 | Member appeal of denied charges. Humana reduced payment because services were rendered from non participating provider. Member correspondence indicates no participating facility was available for treatment rendered. When Humana failed to respond to member, they contacted the FL Department for assistance. Upon Department inquiry, Humana responded advising member went to non-par facility so no par benefits were available. Upon Examiner inquiry, Humana was asked to review the correspondence and advise if member would be entitled to par benefits if no there was no par facility available for the type of treatment rendered. Humana advised that if, (emphasis added) information in members correspondence was accurate, then he may be entitled to apply for waiver and that it would normally be approved, hence par benefits granted. Humana never responded to members appeal. Exception: Humana failed to process appeal in accordance with contractual obligations to resolve within 30 days and failure to acknowledge and act promptly upon communications related to claim §626.9541(1)(i)(3) Florida Statutes. |
| 017304914030 A | 139 | Member submits claim appeal. Humana failed to process correspondence until Examiner inquired about status. Humana then sent letter to provider requesting medical records to review appeal, and letter to member to acknowledge receipt of appeal. Exception: Humana failed to process appeal in accordance with contractual obligations to process with 30 days of receive date, and failure to acknowledge and act promptly upon communications related to a claim §626.9541(1)(i)(3), Florida Statutes. |

Attachment C

List of claims paid more than 45 days after they were received in violation of §627.613(2), Florida Statutes

| Item No. | Claim No. | Date of Service | Receive Date | Process Date | Check Date | Process Time | Paid Amount | Interest Due |
|----------|-----------|-----------------|--------------|--------------|------------|--------------|-------------|--------------|
| 1 | 149455230 | 1/7/2000 | 5/8/2000 | 6/19/2000 | 6/23/2000 | 46 | \$0.00 | \$0.00 |
| 2 | 144147863 | 1/8/1999 | 2/14/2000 | 3/31/2000 | 3/31/2000 | 46 | \$77.35 | \$0.02 |
| 3 | 143258158 | 11/26/1999 | 1/31/2000 | 3/17/2000 | 3/17/2000 | 46 | \$78.70 | \$0.02 |
| 4 | 006169929 | 4/7/1999 | 4/16/1999 | 6/3/1999 | 6/3/1999 | 48 | \$0.00 | \$0.00 |
| 5 | 130870534 | 4/27/1999 | 5/8/1999 | 6/25/1999 | 6/25/1999 | 48 | \$276.00 | \$0.23 |
| 6 | 147475857 | 7/19/1999 | 4/6/2000 | 5/22/2000 | 5/26/2000 | 50 | \$22.40 | \$0.03 |
| 7 | 141600924 | 12/24/1999 | 1/5/2000 | 2/22/2000 | 2/25/2000 | 51 | \$0.00 | \$0.00 |
| 8 | 834292109 | 11/30/1998 | 12/8/1998 | 1/28/1999 | 1/28/1999 | 51 | \$46.53 | \$0.08 |
| 9 | 143297416 | 3/9/1999 | 2/1/2000 | 3/24/2000 | 3/24/2000 | 52 | \$114.08 | \$0.22 |
| 10 | 149507828 | 4/24/2000 | 5/9/2000 | 6/30/2000 | 6/30/2000 | 52 | \$0.00 | \$0.00 |
| 11 | 923517649 | 6/24/1999 | 8/23/1999 | 10/12/1999 | 10/15/1999 | 53 | \$0.00 | \$0.00 |
| 12 | 005764684 | 4/1/1999 | 4/7/1999 | 6/3/1999 | 6/3/1999 | 57 | \$214.80 | \$0.71 |
| 13 | 142183785 | 12/22/1999 | 1/12/2000 | 3/10/2000 | 3/10/2000 | 58 | \$82.60 | \$0.29 |
| 14 | 145038970 | 11/19/1999 | 2/29/2000 | 4/25/2000 | 4/28/2000 | 59 | \$271.73 | \$1.04 |
| 15 | 138919558 | 7/23/1999 | 11/16/1999 | 1/17/2000 | 1/18/2000 | 63 | \$0.00 | \$0.00 |
| 16 | 152191670 | 5/12/2000 | 6/21/2000 | 9/5/2000 | 9/8/2000 | 79 | \$1,465.91 | \$13.66 |
| 17 | 147035833 | 3/17/2000 | 3/30/2000 | 6/27/2000 | 6/27/2000 | 89 | \$39.90 | \$0.48 |
| 18 | 147258276 | 2/21/2000 | 4/3/2000 | 8/25/2000 | 8/25/2000 | 144 | \$776.00 | \$21.05 |
| 19 | 919320469 | 6/9/1999 | 7/12/1999 | 3/16/2000 | 3/17/2000 | 249 | \$0.00 | \$0.00 |
| 20 | 827439998 | 6/27/1997 | 10/1/1998 | 12/9/1999 | 12/10/1999 | 435 | \$11,755.84 | \$1,256.10 |
| 21 | 910915701 | 10/5/1998 | 04/19/99 | 06/04/99 | 06/04/99 | 46 | \$0.00 | \$0.00 |
| 22 | 911006730 | 12/21/1998 | 04/20/99 | 06/07/99 | 06/07/99 | 48 | \$12.60 | \$0.01 |
| 23 | 148576111 | 12/23/1999 | 04/06/00 | 05/26/00 | 05/26/00 | 50 | \$40.00 | \$0.05 |
| 24 | 151765320 | 3/14/2000 | 05/01/00 | 06/20/00 | 06/23/00 | 53 | \$84.09 | \$0.18 |
| 25 | 005497411 | 3/16/1999 | 02/03/99 | 07/19/00 | 04/04/99 | 60 | \$12.99 | \$0.05 |
| 26 | 135028396 | 7/2/1999 | 08/05/99 | 10/05/99 | 10/08/99 | 64 | \$10.00 | \$0.05 |
| 27 | 005019826 | 2/23/1999 | 03/22/99 | 05/26/99 | 05/26/99 | 65 | \$120.30 | \$0.66 |
| 28 | 931509278 | 8/17/1999 | 11/09/99 | 01/17/00 | 01/18/00 | 70 | \$8.00 | \$0.05 |
| 29 | 901407197 | 10/23/1998 | 11/19/98 | 01/26/99 | 01/29/99 | 71 | \$49.07 | \$0.35 |
| 30 | 906409600 | 1/12/1999 | 01/19/99 | 04/06/99 | 04/06/99 | 77 | \$0.00 | \$0.00 |
| 31 | 834802914 | 12/9/1998 | 12/14/98 | 03/04/99 | 03/04/99 | 80 | \$0.00 | \$0.00 |
| 32 | 146102282 | 9/30/1999 | 02/09/00 | 04/29/00 | 04/30/00 | 81 | \$24.50 | \$0.24 |
| 33 | 136069501 | 8/10/1999 | 09/09/99 | 12/01/99 | 12/03/99 | 85 | \$9.39 | \$0.10 |
| 34 | 931314900 | 10/12/1999 | 11/09/99 | 02/11/00 | 02/11/00 | 94 | \$75.00 | \$1.01 |
| 35 | 908200835 | 12/7/1998 | 12/14/98 | 03/25/99 | 03/26/99 | 102 | \$44.10 | \$0.69 |
| 36 | 138918330 | 6/29/1999 | 11/16/99 | 02/29/00 | 02/29/00 | 105 | \$70.55 | \$1.16 |
| 37 | 001565009 | 8/10/1998 | 10/19/98 | 02/08/99 | 02/08/99 | 112 | \$44.39 | \$0.81 |
| 38 | 900400095 | 9/6/1998 | 1/4/1999 | 2/23/1999 | 2/23/1999 | 50 | \$26.60 | \$0.04 |
| 39 | 137437697 | 6/30/1999 | 10/13/1999 | 12/3/1999 | 12/3/1999 | 51 | \$7.20 | \$0.01 |
| 40 | 137437692 | 3/31/1999 | 10/13/1999 | 12/2/1999 | 12/3/1999 | 51 | \$7.20 | \$0.01 |
| 41 | 922906478 | 8/2/1999 | 8/17/1999 | 10/7/1999 | 10/8/1999 | 52 | \$35.00 | \$0.07 |
| 42 | 912002319 | 1/13/1999 | 4/30/1999 | 6/26/1999 | 6/26/1999 | 57 | \$313.60 | \$1.03 |

| Item No. | Claim No. | Date of Service | Receive Date | Process Date | Check Date | Process Time | Paid Amount | Interest Due |
|----------|-----------|-----------------|--------------|--------------|------------|--------------|-------------|--------------|
| 43 | 900704686 | 11/28/1998 | 1/7/1999 | 3/10/1999 | 3/10/1999 | 62 | \$1,690.42 | \$7.87 |
| 44 | 931611484 | 10/29/1999 | 11/12/1999 | 1/14/2000 | 1/14/2000 | 63 | \$330.00 | \$1.63 |
| 45 | 931611484 | 10/29/1999 | 11/12/1999 | 1/14/2000 | 1/14/2000 | 63 | \$14.30 | \$0.07 |
| 46 | 931611484 | 10/29/1999 | 11/12/1999 | 1/14/2000 | 1/14/2000 | 63 | \$151.00 | \$0.74 |
| 47 | 931611484 | 10/29/1999 | 11/12/1999 | 1/14/2000 | 1/14/2000 | 63 | \$13.09 | \$0.06 |
| 48 | 904904002 | 12/5/1998 | 2/18/1999 | 4/26/1999 | 4/26/1999 | 67 | \$1,120.00 | \$6.75 |
| 49 | 904904002 | 12/5/1998 | 2/18/1999 | 4/26/1999 | 4/26/1999 | 67 | \$105.00 | \$0.63 |
| 50 | 904904002 | 12/5/1998 | 2/18/1999 | 4/26/1999 | 4/26/1999 | 67 | \$856.12 | \$5.16 |
| 51 | 141518361 | 11/16/1999 | 1/1/2000 | 3/10/2000 | 3/10/2000 | 69 | \$0.00 | \$0.00 |
| 52 | 139637227 | 3/30/1999 | 11/29/1999 | 2/15/2000 | 2/18/2000 | 81 | \$1,260.00 | \$12.43 |
| 53 | 149663010 | 3/22/2000 | 5/11/2000 | 8/21/2000 | 8/25/2000 | 106 | \$1,327.50 | \$22.19 |
| 54 | 900400095 | 9/6/1998 | 9/16/1998 | 2/23/1999 | 2/23/1999 | 160 | \$52.50 | \$1.65 |
| 55 | 900400095 | 9/6/1998 | 9/16/1998 | 2/23/1999 | 2/23/1999 | 160 | \$26.60 | \$0.84 |
| 56 | 900400095 | 9/6/1998 | 9/16/1998 | 2/23/1999 | 2/23/1999 | 160 | \$1.26 | \$0.04 |
| 57 | 917402421 | 9/16/1998 | 6/23/1999 | 1/6/2000 | 1/7/2000 | 198 | \$30,909.55 | \$1,295.66 |
| 58 | 135862108 | 8/27/1999 | 9/3/1999 | 4/7/2000 | 4/7/2000 | 217 | \$75.00 | \$3.53 |
| 59 | 006430266 | 4/7/1999 | 4/22/1999 | 8/25/2000 | 8/25/2000 | 491 | \$261.40 | \$31.94 |
| 60 | 006430266 | 4/7/1999 | 4/22/1999 | 8/25/2000 | 8/25/2000 | 491 | \$270.40 | \$33.04 |
| 61 | 910405944 | 3/28/1999 | 4/14/1999 | 8/24/2000 | 8/25/2000 | 499 | \$199.79 | \$24.85 |
| 62 | 139280779 | 11/17/1999 | 11/22/99 | 1/6/2000 | 01/07/00 | 46 | \$13.39 | \$0.00 |
| 63 | 145473669 | 11/2/1999 | 03/06/00 | 5/11/2000 | 05/12/00 | 67 | \$6.65 | \$0.04 |
| 64 | 144129931 | 10/16/1999 | 02/14/00 | 4/20/2000 | 04/21/00 | 67 | \$13.33 | \$0.08 |
| 65 | 005679365 | 3/30/1999 | 04/05/99 | 8/9/1999 | 08/09/99 | 126 | \$74.00 | \$1.64 |
| 66 | 922814545 | 7/27/1999 | 08/16/99 | 1/14/2000 | 01/14/00 | 151 | \$56.70 | \$1.65 |
| 67 | 912006874 | 2/24/1999 | 04/30/99 | 10/1/1999 | 10/01/99 | 154 | \$0.00 | \$0.00 |
| 68 | 132569450 | 5/26/1999 | 06/17/99 | 5/31/2000 | 05/31/00 | 349 | \$34.14 | \$2.84 |
| 69 | 151196793 | 4/24/2000 | 6/5/2000 | 9/15/2000 | 9/15/2000 | 102 | \$376.00 | \$5.87 |
| 70 | 151196793 | 4/24/2000 | 6/5/2000 | 9/15/2000 | 9/15/2000 | 102 | \$40.00 | \$0.62 |
| 71 | 151196793 | 4/24/2000 | 6/5/2000 | 9/15/2000 | 9/15/2000 | 102 | \$188.20 | \$2.94 |
| 72 | 135172067 | 8/5/1999 | 8/17/1999 | 9/18/2000 | 9/18/2000 | 398 | \$46.76 | \$4.52 |
| 73 | 139981618 | 11/26/1999 | 12/4/1999 | 9/8/2000 | 9/18/2000 | 289 | \$800.00 | \$53.48 |
| 74 | 139368903 | 11/15/1999 | 11/23/1999 | 9/8/2000 | 9/18/2000 | 300 | \$87.23 | \$6.09 |
| 75 | 152788271 | 6/21/2000 | 6/29/2000 | 9/5/2000 | 9/15/2000 | 78 | \$3.23 | \$0.03 |
| 76 | 152788271 | 6/21/2000 | 6/29/2000 | 9/5/2000 | 9/15/2000 | 78 | \$24.50 | \$0.22 |
| 77 | 152788271 | 6/21/2000 | 6/29/2000 | 9/5/2000 | 9/15/2000 | 78 | \$4.01 | \$0.04 |
| 78 | 152549850 | 6/14/2000 | 6/26/2000 | 9/6/2000 | 9/6/2000 | 72 | \$24.50 | \$0.18 |
| 79 | 152549850 | 6/14/2000 | 6/26/2000 | 9/6/2000 | 9/6/2000 | 72 | \$4.01 | \$0.03 |
| 80 | 152549849 | 6/16/2000 | 6/26/2000 | 9/6/2000 | 9/6/2000 | 72 | \$24.50 | \$0.18 |
| 81 | 152549849 | 6/16/2000 | 6/26/2000 | 9/6/2000 | 9/6/2000 | 72 | \$4.01 | \$0.03 |
| 82 | 152274617 | 3/3/2000 | 6/21/2000 | 9/8/2000 | 9/15/2000 | 86 | \$61.57 | \$0.69 |
| 83 | 152274617 | 3/6/2000 | 6/21/2000 | 9/8/2000 | 9/15/2000 | 86 | \$246.28 | \$2.77 |
| 84 | 152274617 | 3/3/2000 | 6/21/2000 | 9/8/2000 | 9/15/2000 | 86 | \$112.69 | \$1.27 |
| 85 | 152274617 | 3/20/2000 | 6/21/2000 | 9/8/2000 | 9/15/2000 | 86 | \$61.57 | \$0.69 |
| 86 | 152274617 | 3/14/2000 | 6/21/2000 | 9/8/2000 | 9/15/2000 | 86 | \$246.28 | \$2.77 |
| 87 | 152274617 | 3/14/2000 | 6/21/2000 | 9/8/2000 | 9/15/2000 | 86 | \$112.69 | \$1.27 |
| 88 | 152274616 | 3/21/2000 | 6/21/2000 | 9/7/2000 | 9/15/2000 | 86 | \$184.71 | \$2.07 |

Attachment D

List of claims pended to the manual calculation unit that were processed more than 45 days after they were received in violation of §627.513(2), Florida Statutes.

| Item No. | Clm # | DOS | Rev Dt | Proc Dt | Process Time |
|----------|-----------|------------|---------|-----------|--------------|
| 1 | 151421476 | 5/18/2000 | 6/8/00 | 8/9/2000 | 62 |
| 2 | 152191305 | 4/24/2000 | 6/21/00 | 9/2/2000 | 73 |
| 3 | 152727580 | 5/23/2000 | 6/29/00 | 10/9/2000 | 102 |
| 4 | 152727579 | 5/23/2000 | 6/29/00 | 10/9/2000 | 102 |
| 5 | 152727577 | 5/17/2000 | 6/29/00 | 10/9/2000 | 102 |
| 6 | 152360047 | 6/13/2000 | 6/23/00 | 8/23/2000 | 61 |
| 7 | 151480389 | 9/4/1999 | 6/9/00 | 8/10/2000 | 62 |
| 8 | 152275925 | 6/6/2000 | 6/21/00 | 8/29/2000 | 69 |
| 9 | 152646254 | 4/28/2000 | 6/28/00 | 8/31/2000 | 64 |
| 10 | 151640537 | 5/16/2000 | 6/12/00 | 8/31/2000 | 80 |
| 11 | 150638410 | 5/17/2000 | 5/26/00 | 8/22/2000 | 88 |
| 12 | 150781316 | 11/18/1999 | 5/30/00 | 10/2/2000 | 125 |
| 13 | 150781317 | 12/16/1999 | 5/30/00 | 10/2/2000 | 125 |
| 14 | 152514297 | 4/18/2000 | 6/26/00 | 9/2/2000 | 68 |
| 15 | 152280356 | 3/18/2000 | 6/22/00 | 8/31/2000 | 70 |
| 16 | 149582794 | 4/1/2000 | 5/10/00 | 8/11/2000 | 93 |

Attachment E

List of denied claims processed more than 45 days after they were received in violation of §627.613(2), Florida Statutes. The overall error ratio of claims denied late was 5%, which was determined to be within the acceptable error ratio of 7%, however the claims are listed as an exception in this report.

| Item No. | Claim No. | Date of Service | Claim Amount | Receive Date | Process Date | Process Time |
|----------|-----------|-----------------|--------------|--------------|--------------|--------------|
| 1 | 914702216 | 5/14/1999 | \$32.00 | 5/27/1999 | 7/20/1999 | 54 |
| 2 | 144601791 | 5/6/1999 | \$221.75 | 2/22/2000 | 4/21/2000 | 59 |
| 3 | 145473322 | 1/28/2000 | \$59.79 | 3/6/2000 | 5/10/2000 | 65 |
| 4 | 145136479 | 9/17/1999 | \$44.29 | 3/1/2000 | 5/10/2000 | 70 |
| 5 | 919505161 | 6/9/1999 | \$30.00 | 7/14/1999 | 8/31/1999 | 48 |
| 6 | 005385329 | 1/21/1998 | \$69.69 | 3/30/1999 | 5/21/1999 | 52 |
| 7 | 903204953 | 11/12/1998 | \$25.00 | 2/1/1999 | 3/29/1999 | 56 |
| 8 | 903204953 | 10/6/1998 | \$50.00 | 2/1/1999 | 3/29/1999 | 56 |
| 9 | 903204953 | 11/12/1998 | \$80.00 | 2/1/1999 | 3/29/1999 | 56 |
| 10 | 903204953 | 10/7/1998 | \$27.00 | 2/1/1999 | 3/29/1999 | 56 |
| 11 | 260996533 | 12/15/1998 | \$7.99 | 1/12/1999 | 3/11/1999 | 58 |
| 12 | 135393533 | 5/8/1999 | \$21.69 | 8/23/1999 | 10/21/1999 | 59 |
| 13 | 833454803 | 2/28/1998 | \$12.78 | 11/30/1998 | 2/3/1999 | 65 |
| 14 | 901907572 | 10/7/1998 | \$95.00 | 1/19/1999 | 5/10/1999 | 111 |
| 15 | 901907572 | 10/22/1998 | \$95.00 | 1/19/1999 | 5/10/1999 | 111 |