

2009 Winter National Meeting
San Francisco, CA
REGULATORY FRAMEWORK (B) TASK FORCE
Monday, December 7, 2009
9:00 a.m. – 10:00 a.m.

Hilton San Francisco—Grand Salon A—Grand Ballroom Level

Scott J. Kipper, Chair	Nevada	Monica J. Lindeen	Montana
William W. Deal, Vice Chair	Idaho	Ann Frohman	Nebraska
Jim L. Ridling	Alabama	Roger A. Sevigny	New Hampshire
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Kevin McCarty	Florida	Joel Ario	Pennsylvania
Michael T. McRaith	Illinois	Merle D. Scheiber	South Dakota
Carol Cutter	Indiana	Leslie A. Newman	Tennessee
Mila Kofman	Maine	Kent Michie	Utah
Ralph S. Tyler, III	Maryland	Paulette Thabault	Vermont
Glenn Wilson	Minnesota	Alfred W. Gross	Virginia
Mike Chaney	Mississippi	Jane L. Cline	West Virginia
John Huff	Missouri	Sean Dilweg	Wisconsin

AGENDA

1. **Roll Call**
2. **Consider Motion to Adopt Oct. 13, 2009, Conference Call Minutes**
3. **CMS/DOL Discussion of HIPAA and Other Issues (*Representatives Invited*)**
4. **Update on Survey Related to Individual Health Insurance Policy Rescission Decisions**
5. **Consider Motion to Adopt ERISA (B) Subgroup Report**
6. **Any Other Matters Brought Before the Task Force**
7. **Adjournment**

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**National Association *of*
Insurance Commissioners**

RESCISSION DATA CALL
of the NAIC Regulatory Framework (B) Task Force

December 2, 2009

DRAFT



National Association of
Insurance Commissioners

Executive Summary

In October 2009, the Regulatory Framework (B) Task Force issued a data call to 52 companies that wrote individual major medical policies or individually underwritten certificates.

The data call was divided into four parts. The first part of the data call was designed to determine the actual numbers of policies/certificates that were written and in force and how many were rescinded in each state per year. In the second part of the data call, the Task Force requested information on the underlying conditions that were the basis of the rescissions. In the third part, the companies were asked to provide information on their underwriting and rescission-making process. Finally, each company was asked to provide details on their rescission appeal process, if one was in place.

The data call revealed that there were roughly 27,246 rescissions against a sampling size of about 6.7 million issued policies. This translates into a rescission rate of 3.7 rescissions for every 1,000 policies/certificates that were written over the five-year period covered by the survey (2004 to 2008). The rate of rescissions peaked in 2005 and was at its lowest in 2008. Psychiatric conditions were cited most frequently as the basis for a rescission. The rescissions and rescission rates were also summarized by state and by company. While it is not the intent of this report to isolate specific companies, three companies do have significantly higher rescission rates and account for the higher rescission rates in some of the states.

As would be expected, the companies reported having a robust information-gathering process for underwriting policies and when considering a rescission. Almost all of the companies also have detailed rescission appeal processes in place that include two or three tiers of appeal, including the use of third parties as well as medical and legal experts.

Overall, the rescission rate for the industry (based on this sampling) seems to present no issues on an industrywide scale. Because the majority of the individual major medical policies are medically underwritten, it is important for companies to have the right to rescind a policy if the information provided by an applicant is both fraudulently misrepresented, and material to the condition for which coverage is being sought. This serves not only to protect the company, but also to protect their customer base, whose premiums are based on the collective experience of the book of business. To guard against incorrect decisions to rescind, the companies included in this data call have attempted to implement appeal processes that include reviewers that are not associated with the original decisions to underwrite or rescind a policy and, in many cases, are not associated with the company.

After some background information, the remainder of this report will present the details of the findings in the order in which they were asked in the data call: (1) the number of policies/certificate issued and in force, as well as the number of rescissions; (2) the cited conditions that were that basis of the rescissions; (3) the information sources used for underwriting and rescinding a policy; and (4) the appeals processes of the companies.



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Background

In a July 24, 2009, letter to Chairman Bart Stupak (D-MI) of the U.S. House of Representatives' Energy and Commerce Subcommittee on Oversight and Investigation, NAIC President Roger A. Sevigny (NH), Commissioner Sandy Praeger (KS), Commissioner Joel Ario (PA) and NAIC CEO Therese M. Vaughan, Ph.D., advised the House Committee that:

...the NAIC Regulatory Framework (B) Task Force has been given the responsibility of determining to what extent rescissions are used and of recommending laws and regulations to prevent abuse of the [rescission] process. To this end, at its most recent meeting in June, the Task Force approved a data call that will be sent to insurers selling coverage in the non-group market. This data call is intended to uncover the number of policies that have been rescinded in each state over the past five years, the health conditions that are most frequently cited as the basis of rescissions, and determine the formal procedures the insurers have in place to review rescission decisions.

The referenced data call was sent to 52 companies that reported writing individual major medical policies. The policies issued by these 52 companies encompassed 80% of the lives covered by individual major medical policies. Three companies were eventually exempted from the data call because they either wrote only group and non-major medical insurance, or they wrote only governmental plans that were not vulnerable to rescissions at the insurer's discretion. In addition, the data call was sent to each company by the insurance department of the domiciliary state. One state decided not to participate, because its three companies had already responded to the previous, similar survey issued by U.S. Rep. Henry Waxman (D-CA) of the House Oversight Committee in October 2008. In total, responses were received from 46 companies (four additional responses were received from companies that were not originally part of the sample, but wrote individual major medical policies and were affiliated with other companies that were part of the original sampling) representing a sample of 70% of the covered lives and 69% of the premium earned in 2008.

To meet its charge, the Regulatory Framework (B) Task Force designed the data call (Appendix A) to address the five-year time span of 2004 through 2008. It asked each company for the total number of individual major medical policies issued and in-force by state for each year, as well as the total number of rescissions by state per year. In addition, the data call asked how many of the total rescissions were based on conditions that were undiagnosed prior to the application. Each company was also requested to provide the top four conditions upon which the rescissions were based and, if any rescissions were based on conditions undiagnosed prior to the application, the top four conditions for those rescissions.

The data call defined an individual major medical policy as "...a type of health insurance policy designed to cover an individual, or an individual and specified dependents, for hospital, medical and surgical expenses." It specifically did not include "...among other things: standalone dental or vision plans, specified/named disease policies, short-term health insurance policies (of less than 12 months in total duration), hospital indemnity insurance policies, long-term care insurance policies, supplemental insurance policies, or disability income policies." The companies that received a data call were asked to not include any governmental plan information with their data if the policies were not vulnerable to rescission at the company's discretion.

Along with the actual numbers of policies and rescissions, the data call asked the companies what information was used in underwriting a policy and what information was used in making a decision to rescind a policy.



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Finally, the data call asked the companies to explain what procedures were in place to allow a consumer to appeal a determination to rescind a policy.

In order to fulfill the responsibility of the Task Force, this report aggregates the data received, totals the rescissions nationally and by state, and summarizes the responses received regarding underwriting, rescission and appeal procedures.

The Sample Size of Individual Major Medical Policies and Certificates

In the five-year period, 2004 to 2008, the 46 companies issued more than 6.7 million individual major medical policies. The number of policies issued in each year rose consistently. Over the five-year period, there was a 50% increase in the number of such policies issued (Figure 1). The number of in-force policies also increased about 50% during the same period, totaling almost 4 million policies in-force by the end of 2008 (Figure 2).

Figure 1

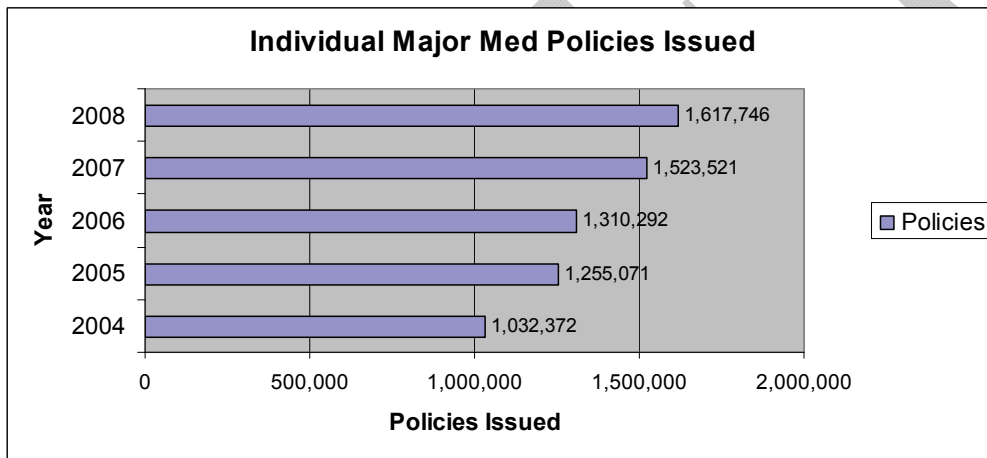
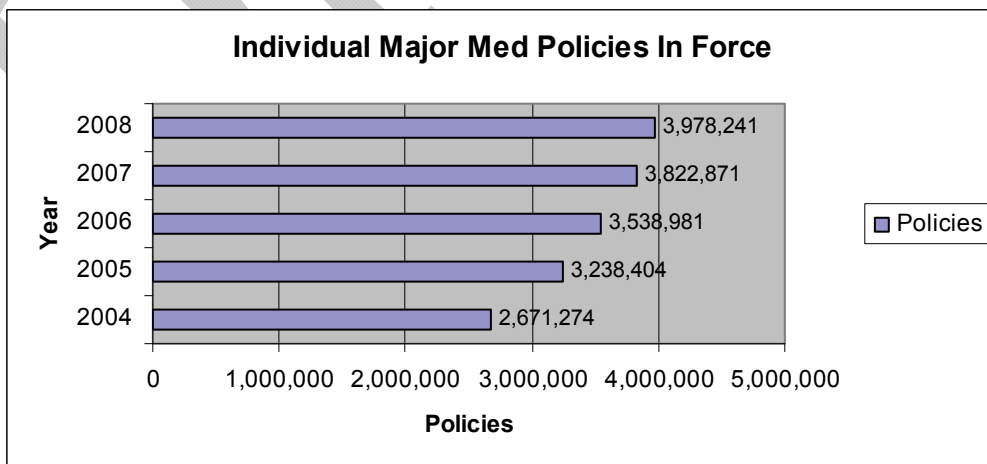


Figure 2



Per the counts reported by the insurers in the data call, about 8% of the individually underwritten major medical coverage is written on a certificate basis. The number of such certificates written per year is illustrated in Figure 3. The in-force number of certificates is provided in Figure 4. Interestingly, in 2006, the sampled insurers reported having individually underwritten an additional 7,200 certificates, yet reported that the in-force number of certificates dropped at year-end 2006 by 3,700 certificates.

Figure 3

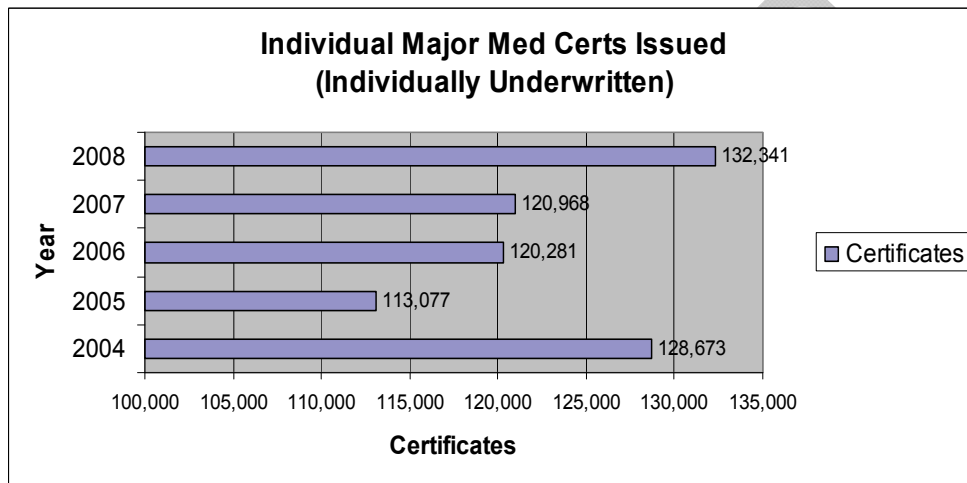
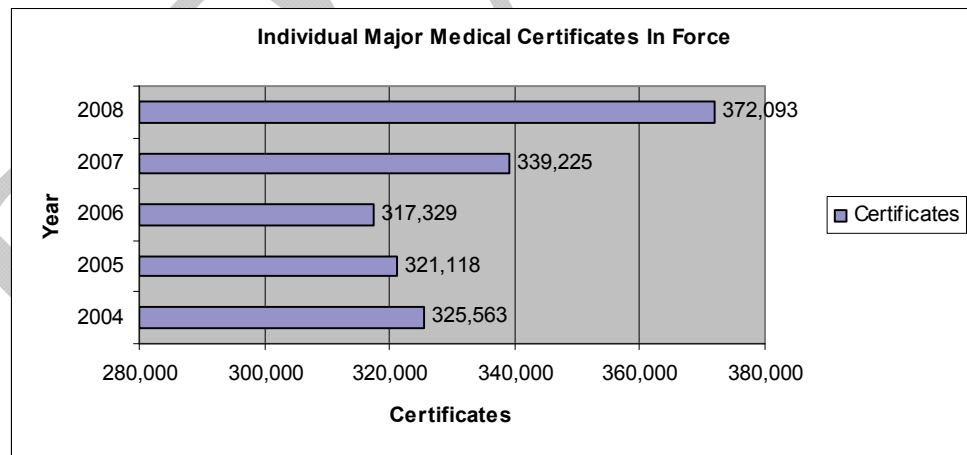


Figure 4



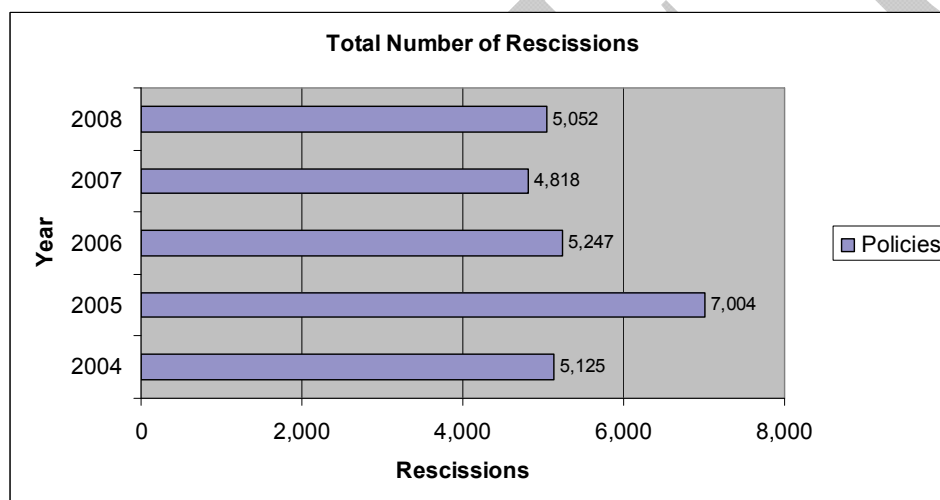
Adding together all of the policies and certificates written per year for the companies responding to the data call, there were 7.35 million individually underwritten policies and certificates issued in the five-year period sampled. At the end of 2008, there were a total of 4.35 million policies and certificates in-force.

Rescissions

In the data call, the Task Force asked for the total number of policies and certificates rescinded in each year for each state. Although the number of certificates was counted, there was no distinction made whether a rescinded insured was a policyholder or a certificateholder. Please note that some companies rescinded coverage for individuals and not the entire policy. A rescission, therefore, does not necessarily indicate the rescission of an entire policy or certificate.

Figure 5 shows the total number of rescissions nationally by year and for the entire five-year period of the data call. The figure shows that there was a 27% increase in the raw number of rescissions from 2004 to 2005. After 2005, the number of rescissions begins to decline to a low of 4,818 in 2007. There was a 5% increase in the number of rescissions in 2008.

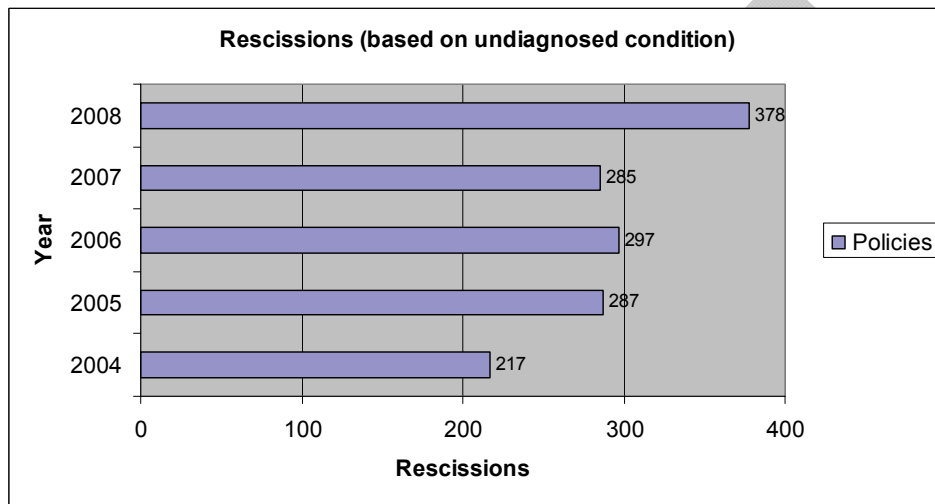
Figure 5



The data call asked each company for “the total number of policies and certificates rescinded in the calendar year” (the source of the data for Figure 5). It also asked for “the number of policies and certificates rescinded in the calendar year, based on a condition(s) not diagnosed prior to application”. The second data element was included to encompass those situations in which an applicant has received indications of a medical condition, but has postponed any testing to confirm a diagnosis until after an application has been completed and a policy or certificate has been issued.

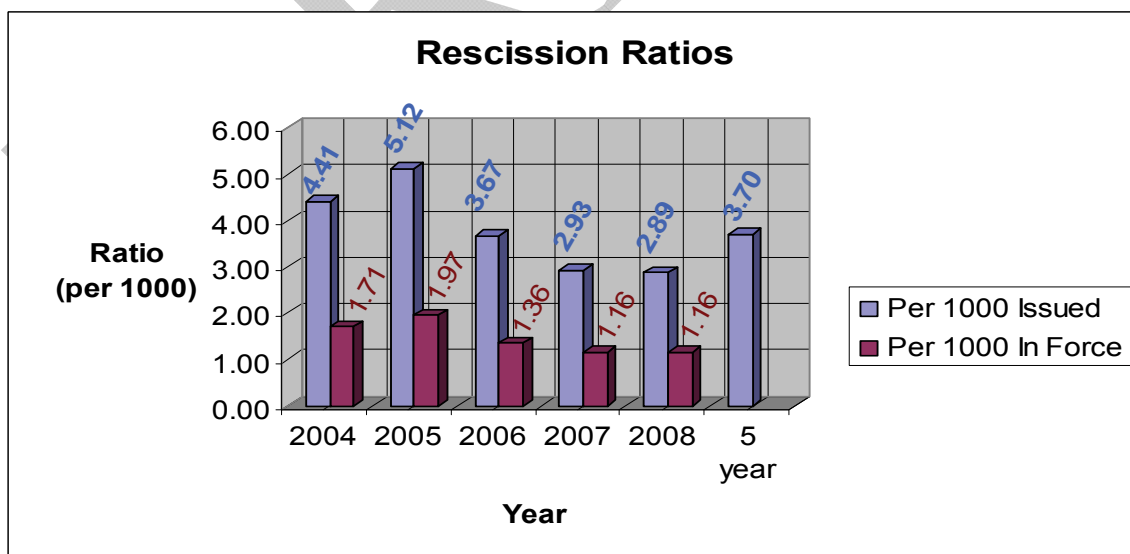
The number of rescissions based on condition(s) undiagnosed prior to the application was about 5% of the total number of rescissions. The actual number of these rescissions is illustrated in Figure 6. Unlike the total number of rescissions, these rescissions peaked in 2008 (instead of 2006), contributing to 7% of the total rescissions for that year. Except for a decrease from 2006 to 2007, the number of rescissions based on conditions undiagnosed prior to the application has increased each year.

Figure 6



Using the above data, rescission ratios could be calculated per the number of policies/certificates issued and per the number of policies/certificates in-force for each year (Figure 7).

Figure 7



The ratios were derived per every 1,000 policies and certificates. These ratios used the total number of rescissions and we did not calculate a separate ratio for rescissions based on conditions that were undiagnosed prior to the application because they were such a small percentage of the total.

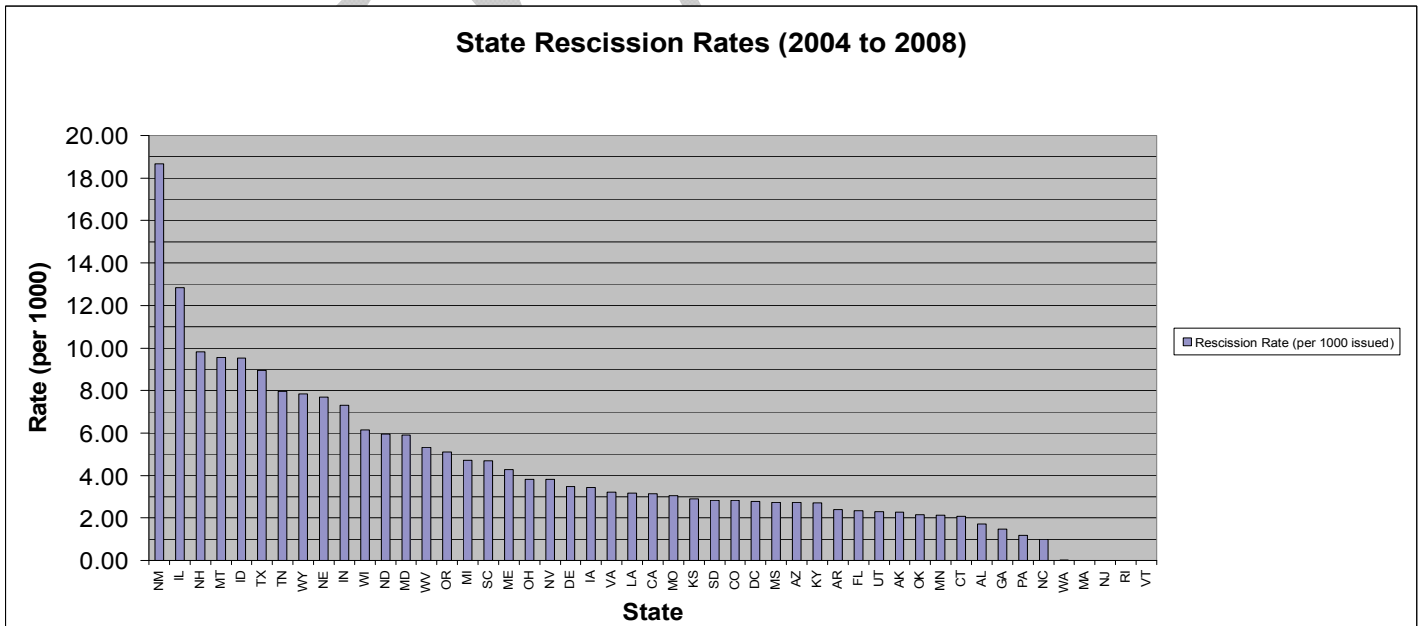
The peak rescission rate occurred in 2005, with approximately five of every 1,000 issued policies being rescinded. Because rescissions might also occur on policies that were issued in prior years, it is helpful to also look at the number of rescissions compared to the number of policies in-force at the end of each year. Again, the rescission ratio peaked in 2005, with approximately 2 of every 1,000 in-force policies being rescinded. After 2005, there was a steep decline in the rescission rate, decreasing just more than 40% to 2.9 rescissions for every 1,000 policies issued and 1.2 rescissions for every 1,000 policies in-force.

For the five-year period of the data call, the rescission ratio is 3.7 rescissions per 1,000 policies issued. Excluding the first two years of 2004 and 2005, the rescission ratio is about 3.1 rescissions per 1,000 policies issued.

In 2005, the California Department of Managed Health Care began its investigation into the rescission practices of some of the health insurers in its state. Fines were announced in 2007 and a settlement was reached in 2009. The reduction in the numbers of rescissions and the rescission rates appear to have begun in 2006 and reached their minimum in 2007 and 2008. Though there is not enough data from enough insurers to draw any firm conclusions, there does seem to be some connection with the actions of the State of California regarding rescissions.

One of the responsibilities of the Regulatory Framework (B) Task Force was to determine the number of rescissions per state. The rescission ratios per state are provided in Figure 8.

Figure 8





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Because so few companies write in any individual state, the sample size for each state is a fraction of the national sampling. This explains the wide swing in rescission ratios from 18.5 per 1000 policies issued to as little as none or 1 per 1000 issued. Two states, Hawaii and New York, did not have any companies reporting individual major medical business. New Jersey and Rhode Island each had a small amount of business reported and no rescissions. In Maine, Massachusetts, New Jersey, New York, Washington and Vermont health insurers are required to provide health coverage on a guaranteed-issue basis with no medical underwriting.

To provide some perspective to the ratios in Figure 8, the raw numbers reported by the sampled companies for each state are provided in Table 1. All columns are five-year totals reported in each state.

Table 1

State	Total Issued	Total In Force	Total Rescissions	Rescissions - condition(s) not diagnosed	State	Total Issued	Total In Force	Total Rescissions	Rescissions - condition(s) not diagnosed
AK	2,205	3,853	5	0	MT	10,580	39,440	101	0
AL	91,083	275,113	157	1	NC	339,933	1,079,351	337	3
AR	76,942	287,255	184	1	ND	4,536	15,309	27	0
AZ	224,683	636,688	613	11	NE	26,556	65,061	204	10
CA	1,192,463	2,462,211	3,736	213	NH	3,770	10,147	37	0
CO	183,220	433,032	519	22	NJ	0	38	0	0
CT	89,305	194,470	186	9	NM	35,065	119,101	655	52
DC	16,143	37,883	45	1	NV	56,898	136,196	217	4
DE	3,728	6,336	13	1	OH	205,484	523,344	785	42
FL	630,997	1,447,418	1,480	76	OK	78,922	81,259	169	3
GA	346,202	912,789	514	23	OR	91,136	277,997	465	0
IA	95,276	397,767	328	1	PA	295,238	745,854	350	88
ID	5,564	14,393	53	0	RI	246	247	0	0
IL	410,877	1,122,140	5,279	353	SC	92,838	260,394	436	7
IN	35,324	70,459	258	6	SD	27,848	120,321	79	1
KS	94,151	326,317	274	5	TN	43,174	79,434	343	7
KY	141,590	480,591	383	25	TX	378,705	960,040	3,389	212
LA	148,950	508,120	471	55	UT	58,086	155,197	134	6
MA	273,649	238,237	0	0	VA	293,498	779,038	942	95
MD	163,392	443,407	966	5	VT	0	12	0	0
ME	466	457	2	0	WA	250,102	630,826	9	0
MI	323,040	628,299	1,520	81	WI	42,913	101,948	264	4
MN	139,246	911,380	295	0	WV	4,504	9,249	24	0
MO	250,933	585,289	762	39	WY	6,120	13,423	48	0
MS	68,761	297,969	188	2					



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Rescissions within the Contestability Period

All of the companies were asked to identify how many rescissions were made within the contestability period established by the state where the policy or certificate was issued. From 2004 through 2008, there were 1,464 policies/certificates that were rescinded based on a condition that was undiagnosed prior to the application. For all such reported rescissions (except for three times), the same number of rescissions were reported as having been made within the contestability period; i.e., 1,461.

Health Conditions Most Frequently Cited as a Cause for Rescission

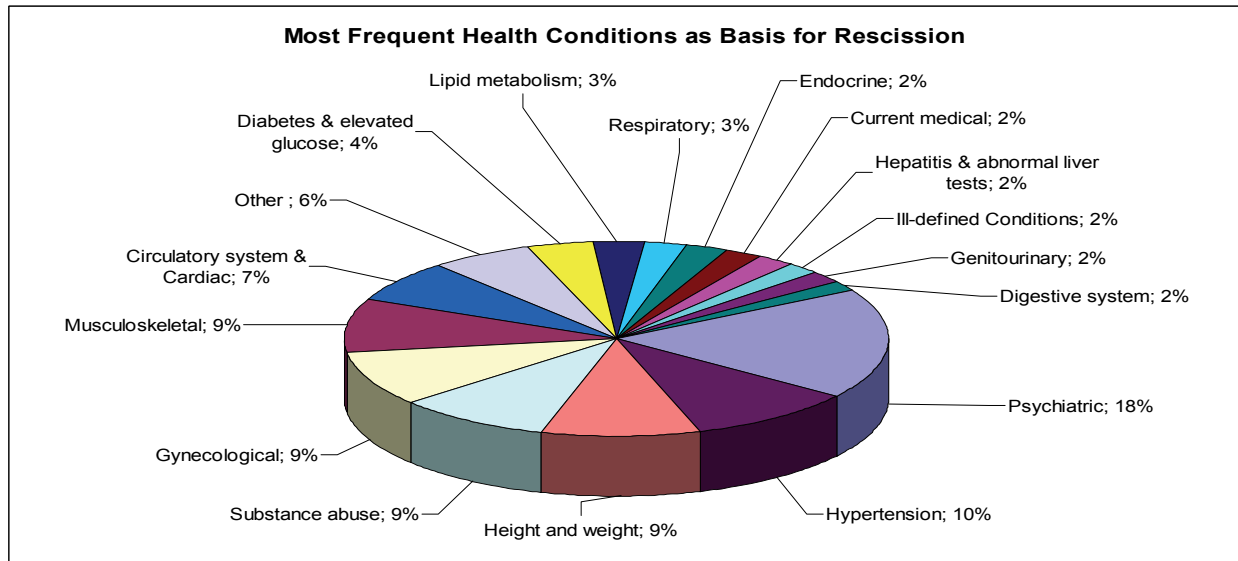
In addition to the actual numbers of rescissions within each state, the data call asked the companies to identify the top four conditions that were most frequently cited as the reason for a rescission in the five-year period. The top four conditions were to be provided for the total rescissions, as well as rescissions that were based on conditions that were undiagnosed at the time of the application.

Many companies responded correctly by providing one list of conditions that covered the five-year span of years. Quite a few others, however, provided the information on a yearly basis, and cited the top four conditions in each year and in each state. To compensate for this mix in method of reporting, we tracked the most frequent conditions per year. If a company reported only one list for the entire five-year period, each condition was counted once in each year. Once all the responses were tallied per year, they were totaled for the entire five-year period. Although the individual yearly totals might be misrepresented by the companies that reported just one list of conditions, the cumulative total for the five years should be reflective of the sample as a whole.

Different companies reported the same conditions using different terminology. We aggregated the responses in the most comprehensive categories. For example, drug abuse, substance abuse, alcohol abuse and smoking were often either mentioned separately or together. We put them into one category labeled "substance abuse." Anxiety, depression and mental disorders were all combined in the "psychiatric" category. There might be some disagreement as to which category a condition belongs. For example, it was not clear whether arthritic conditions belong in the "musculoskeletal" category. We attempted to keep the most frequently cited categories as the main categories. Any condition that was cited fewer than three times in any one year was categorized under "other." A full list, which breaks out the "other" category for each year, is provided in Appendix B.

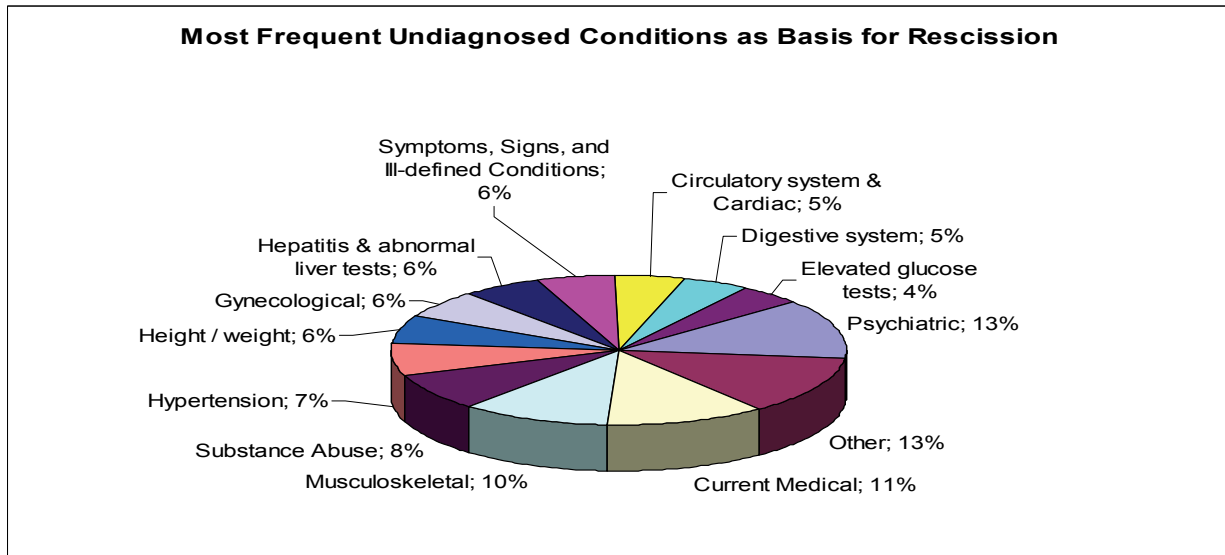
Figure 9 is a pie chart of the most frequently cited conditions for all rescissions reported by the companies. Of all the rescissions, 48% of them fell into one of the four broad categories of psychiatric (18%); hypertension (10%); height and weight, including obesity (9%); and substance abuse (9%).

Figure 9



For rescissions based on conditions that were undiagnosed prior to an application being completed, Figure 10 illustrates the most frequently cited conditions that were the basis of such rescissions. This survey data element combined rescissions and company decisions to apply a pre-existing condition exclusion. The top four categories accounted for 47% of the rescissions. Again, psychiatric conditions (13%) were the most frequently cited basis. Many specific conditions were the basis of another 13% of these rescissions and are classified as “other.” No one condition in this category was cited often enough to fall into its own named category. A more comprehensive list of what fell into the “other” category is provided in Appendix B; it includes such conditions as sleep apnea, hypercholesterolemia and headaches. Current medical testing due to be completed, follow-up appointments that have not yet been completed, and current prescriptions are all included in “current medical,” which accounts for 11% of the rescissions. Musculoskeletal conditions are the basis for another 10% of the rescissions or the application of a pre-existing condition exclusion.

Figure 10



Types of Information Used in Underwriting a Policy

The companies were asked to provide, in an attachment, the types of information used in underwriting a policy. Every company, except the two Massachusetts health carriers, cited an enrollment application as the primary source of underwriting information. As noted above, Massachusetts health carriers must guarantee issuance and cannot medically underwrite.

Most of the applications included medical release forms that the applicant is required to sign. In addition to the application, medical records and prescription drug history, most companies relied on additional written and verbal communication with the applicant, as well as any prior claim history or prior applications that the company had for an applicant. Table 2 lists all the responses for this data call question.



Table 2

Sources of Underwriting Information	Responses
Application	44
Medical Records	34
Additional verbal or written information	19
Prior claims	16
Prescription drug history	15
Prior applications	11
Paramedical exams, including lab tests	7
State motor vehicle records	1
Visa (for non-US citizens)	1
Replacement form (if applicable)	1

Types of Information Used in a Rescission Determination

The companies utilized more sources of information when determining whether to rescind a policy. The leading source was, of course, the medical records of the insured that was compared to the information gathered at the time of underwriting. As in underwriting a policy, the prior claims and application history can also be reviewed. Often, the insured is asked to provide verbal or written comments regarding the information gathered by the insurer or provided by the insured at the time of the application. Table 3 lists all of the sources of information cited by the companies.

Table 3

Sources of Information Considered for a Rescission	Responses
Medical records	33
Additional verbal or written information	19
Comparison with data gathered at underwriting	17
Claims history	17
Prescription drug history	15
Prior applications	10
Customer communication	3
Height and weight	3
Psychiatric records	2
Agent input	2
Underwriting policies and procedures	2
Effective date of coverage	1
Milliman Health Cost Guidelines	1
Referral diagnosis	1
Other pertinent documents	1
Underwriting and legal opinions	1



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Rescission Appeal Process

All but three of the companies reported having an appeal process in place for policyholders to appeal a decision to rescind a policy. Seven companies did not respond to this question because they either did not or could not rescind a policy or certificate of coverage. All of these appeal processes included an initial internal review of the rescission. An internal review was most often conducted by officers or management that were not involved in the original decision. Frequently, the companies brought in legal and medical experts to assist in the review process. A second and third level of appeal was included in the appeal process of 17 of the companies. Usually, the second level of appeal was to an independent third party, and, in one instance, to an external utilization review agency. Many of the companies forwarded detailed appeal process policies and procedures. Table 4 summarizes the responses.

Table 4

Rescission Appeal Process	Responses
Internal committee, then third-party review	13
Internal committee	11
RN/MD/Legal – two levels of review	3
Rescission committee	2
Appeal rights consistent with state law	1
RN review	1
Special services (internal)	1
State Department of Insurance	1
Internal committee and/or third-party review	1
Internal / external utilization review agency / third-party review	1

Appendix A

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RESCISSION DATA CALL

August 13, 2009

For Individual Policies and Certificates Only. Do NOT include Group Policies. Submit One Line Per State, Per Year.

Field Number	Field Name	Attribute	Description
1	Company Name	Alpha Numeric, use quotes	Name of the Insurance Company as filed on the company's Financial Annual Statement
2	CoCode	Five digit number: XXXXX	NAIC CoCode
3	Company Contact	Alpha Numeric, use quotes	Name of Company Contact Responsible for Completion of Data Call
4	Title	Alpha Numeric, use quotes	Title of Company Contact
5	Telephone Number	Ten digit number: XXX-XXX-XXXX	Telephone Number of Company Contact
6	E-Mail Address	Alpha Numeric: "name@company.com"	E-mail Address of Company Contact
7	Year (Period)	Four digit year: YYYY	Calendar year for which the data is being reported
8	State	Two letter State Abbreviation: "AA"	State for which the data is being reported
9	For individual major medical policies, the number of policies issued during the calendar year.	Numeric, exclude commas.	Answer for the calendar year identified in Field Number (7) and the state identified in Field Number (8).
10	For certificates issued under group major medical policies issued through an association plan underwritten on an individual basis, the number of certificates issued during the calendar year.	Numeric, exclude commas.	Answer for the calendar year identified in Field Number (7) and the state identified in Field Number (8).
11	For individual major medical policies, the number of policies in force as of December 31 of the calendar year.	Numeric, exclude commas.	Answer for the calendar year identified in Field Number (7) and the state identified in Field Number (8).
12	For certificates issued under a group major medical policy issued through an association plan underwritten on an individual basis, please provide by the state the number of certificates in force as of December 31 for the calendar year.	Numeric, exclude commas.	Answer for the calendar year identified in Field Number (7) and the state identified in Field Number (8).
13	The total number of policies and certificates rescinded in the calendar year.	Numeric, exclude commas.	Answer for the calendar year identified in Field Number (7) and the state identified in Field Number (8).
14	The number of policies and certificates rescinded in the calendar year, based on a condition(s) not diagnosed prior to application.	Numeric, exclude commas.	Answer for the calendar year identified in Field Number (7) and the state identified in Field Number (8).
15	The total number of policies and certificates rescinded in the calendar year that were rescinded within the contestability period established in the state where the policy or certificate was issued.	Numeric, exclude commas.	Answer for the calendar year identified in Field Number (7) and the state identified in Field Number (8).

Any questions on the data call should be directed to Randy Helder, Market Analysis Manager, of the NAIC at 816-783-8261 or rhelder@naic.org.

RESCISSION DATA CALL

August 13, 2009

Field Number	Field Name	Attribute	Description
16	The number of policies and certificates rescinded in the calendar year that were rescinded within the contestability period established in the state, and based on a condition(s) not diagnosed prior to application.	Numeric, exclude commas.	Answer for the calendar year identified in Field Number (7) and the state identified in Field Number (8).
17	For rescission decisions issued for calendar years from 2004 to 2008, please provide the four (4) health conditions that most frequently were the basis of rescission actions.	"Attachment"	These are the most frequent conditions in the 5 year period covered by the survey. The answer for field number (17) should be the same for each year identified in field number (7) and state identified in field number (8). Provide your response in an attachment. Do not use code numbers, provide a written response. See the Data Call Instructions regarding attachments.
18	For rescission decisions issued for calendar years from 2004 to 2008, please describe the top four (4) health conditions undiagnosed prior to application that justified either a rescission or pre-existing condition exclusion.	"Attachment"	These are the most frequent undiagnosed conditions in the 5 year period covered by the survey. The answer for field number (18) should be the same for each year identified in field number (7) and state identified in field number (8). Provide your response in an attachment. Do not use code numbers, provide a written response. See the Data Call Instructions regarding attachments.
19	Please provide examples of what types of information you request for underwriting a policy.	"Attachment"	Provide the types of information you request when underwriting a Major Medical policy or certificate. You may also attach applications. Please indicate Field Number (25) at the top of each attachment responding to this data element. See the Data Call Instructions regarding attachments.
20	Please provide examples of what types of information you request when determining to rescind a policy.	"Attachment"	Provide the types of information you request when determining to rescind a Major Medical policy or certificate. Please indicate Field Number (26) at the top of each attachment responding to this data element. See the Data Call Instructions regarding attachments.
21	Does your company have a formal review process/procedures for reviewing rescission decisions disputed by the insured?	"Y" / "N"	Answer "Y" if you have a formal review process or procedure for reviewing rescissions disputed by the insured. Otherwise answer "N".
22	If so, please describe the process/procedures.	"Attachment" / "NA"	If your answer to Field Number (27) is "Y", please attach a description of your policy or procedures. Otherwise enter "NA". See the Data Call Instructions regarding attachments.

Partial Sample:

"ABC", 12345, "John Doe", "Vice President", 999-999-1234, "jdoe@abc.com", 2006, "IA", 25478

Appendix B

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Data Element (17) - Most Frequently Cited Conditions that were Basis of Decision to Rescind - Complete List

(Color indicates different conditions combined into single category)

2004	2005	2006	2007	2008
depression	depression	Psychiatric conditions (bipolar, anxiety, depression, etc.)	depression	Mental Disorders
anxiety	depression, anxiety, depression, etc.)	anxiety	Psychiatric conditions (bipolar, anxiety, depression, etc.)	depression
Psychiatric conditions (bipolar, anxiety, depression, etc.)	depression, anxiety	depression	anxiety	anxiety
Hypertension (uncontrolled or newly diagnosed)	bulimia	Eating disorder	Bulimia	Alcohol and/or drug abuse/addiction/smoking
Height and weight	Hypertension (uncontrolled or newly diagnosed)	Bulimia	Height and weight	Smoking
Obesity	Musculoskeletal	Anorexia	Obesity	Musculoskeletal
Pregnancy	Height and weight	Smoking	Alcohol and/or drug abuse/addiction/smoking	back and neck symptoms
abnormal pap smear	Obesity	Smoking	Smoking	Pregnancy
Disorder of female genital organs	Alcohol and/or drug abuse/addiction/smoking	Disorder of female genital organs	Hypertension (uncontrolled or newly diagnosed)	Disorder of female genital organs
Infertility	Smoking	Pregnancy	Disorder of female genital organs	abnormal pap smear
Uterine Fibroids	Pregnancy	abnormal pap smear	Pregnancy	infertility
Alcohol and/or drug abuse/addiction/smoking	Disorder of female genital organs	Uterine Fibroids	abnormal pap smear	Uterine Fibroids
Smoking	Infertility	Dysmenorrhea	Infertility	Height and weight
Musculoskeletal	Uterine Fibroids	Musculoskeletal	Musculoskeletal	obesity
Diseases of the circulatory system	Diseases of the circulatory system	Hypertension	Cardiovascular conditions (CAD, MI, cardiac symptoms of unknown etiology, etc.)	hypertension
Cardiac	Cardiac	Height and weight	Diseases of the circulatory system	Diseases of the circulatory system
High Blood Pressure (not hypertension)	High Blood Pressure (not hypertension)	Obesity	Diseases of the circulatory system	Cardiac
Disorders of lipid metabolism	High Blood Pressure (not hypertension)	Cardiac	Diabetes	High Blood Pressure (not hypertension)
Respiratory	Disorders of lipid metabolism	Diabetes	Elevated Glucose	chest pain of unknown etiology
COPD	Diseases of digestive system	Diabetes	Diabetes	diabetes
Pulmonary Embolism	Abdominal pain	Diabetes	Hyperlipidemia	Hyperlipidemia
allergies/asthma	Diabetes	Diabetes	Disorders of lipid metabolism	diabetes
Diabetes	Symptoms, Signs, and Ill-defined Conditions	Disorders of lipid metabolism	Hepatitis	Disorders of lipid metabolism
Insulin resistance	Current prescription/therapy or planned surgery	allergies/asthma	Disorders of lipid metabolism	Gonorrhoea, Abnormal Pap, Human Papillomavirus
Elevated Glucose	Long standing medication usage	Pulmonary emboli	Endocrine, nutritional, and metabolic diseases and immunity disorders	elevated liver enzymes or liver condition
Endocrine, nutritional, and metabolic diseases and immunity disorders	allergies/asthma	COPD	Auto-immune disorder	Current prescription/therapy or planned surgery
Auto-immune disorder	Genitourinary: Abnormal Pap, Human Papillomavirus	Nasal airway deformity	Chronic Sinusitis	Long standing medication usage
Symptoms, Signs, and Ill-defined Conditions	Hepatitis	Symptoms, Signs, and Ill-defined Conditions	Chronic Sinusitis	allergies/asthma
Current prescription/therapy or planned surgery	Endocrine, nutritional, and metabolic diseases and immunity disorders	Endocrine, nutritional, and metabolic diseases and immunity disorders	Genitourinary: Abnormal Pap, Human Papillomavirus	COPD
Long standing medication usage	Auto-immune disorder	Auto-immune disorder	Symptoms, Signs, and Ill-defined Conditions	Endocrine, nutritional, and metabolic diseases and immunity disorders
Hepatitis	Sleep apnea	Current prescription/therapy or planned surgery	Symptoms, Signs, and Ill-defined Conditions	Auto-immune disorder
Elevated liver enzymes	Genital dysplasia	Long standing medication usage	Current prescription/therapy or planned surgery	Symptoms, Signs, and Ill-defined Conditions
Liver hemangioma	Folliculitis	Genitourinary: Abnormal Pap, Human Papillomavirus	Current prescription/therapy or planned surgery	Gastrointestinal symptoms of unknown etiology
Diseases of digestive system	Non-Compliant in Response to Investigation	Hepatitis	Current prescription/therapy or planned surgery	reflux
Genitourinary: Abnormal P pap, Human Papillomavirus	Folliculitis	Genitourinary: Abnormal Pap, Human Papillomavirus	Current prescription/therapy or planned surgery	vocal cord cancer
Sleep apnea	ADHD	Diseases of digestive system	Current prescription/therapy or planned surgery	cervical dysplasia/CIS
headache	disorder of the eye	headache	Current prescription/therapy or planned surgery	elevated PSA
chronic pain/RSD	CNS disorders	Sleep apnea	Current prescription/therapy or planned surgery	Sleep apnea
lesicular disorder	chronic pain/RSD	Non-Compliant in Response to Investigation	Current prescription/therapy or planned surgery	CNS disorders
Folliculitis	organ failure	Folliculitis	Current prescription/therapy or planned surgery	breast reduction
ADHD	vertigo	ADHD	Current prescription/therapy or planned surgery	Folliculitis
disorder of the eye	unknown reason	Abnormal mammogram	Current prescription/therapy or planned surgery	ADHD
MS	CNS disorders	disorder of the eye	Current prescription/therapy or planned surgery	headache
Pectus excavatum	steroid use	chronic pain/RSD	Current prescription/therapy or planned surgery	disorder of the eye
MS	otitis media	otitis media	Current prescription/therapy or planned surgery	Seizures
MS	MS	MS	Current prescription/therapy or planned surgery	MS
MS	MS	MS	Current prescription/therapy or planned surgery	fibromyalgia
MS	MS	MS	Current prescription/therapy or planned surgery	MS
MS	MS	MS	Current prescription/therapy or planned surgery	DM 2
MS	MS	MS	Current prescription/therapy or planned surgery	chronic pain/RSD
MS	MS	MS	Current prescription/therapy or planned surgery	Pectus excavatum
MS	MS	MS	Current prescription/therapy or planned surgery	Pituitary adenoma
MS	MS	MS	Current prescription/therapy or planned surgery	Obstructive airway disease
MS	MS	MS	Current prescription/therapy or planned surgery	diarrhea

Data Element (18) - Most Frequently Cited Conditions Undiagnosed Prior to Application that were Basis of a Rescission - Complete List

(Color indicates different conditions combined into single category)

2004	2005	2006	2007	2008
Anxiety 7	Anxiety 8	Anxiety 8	Anxiety 8	Current prescription/therapy or planned surgery 11
Depression 6	Depression 7	Depression 7	Depression 7	Recommended testing not completed 7
Mental Disorders 3	Psych Meds 2	Psych Meds 2	Psych Meds 2	Referral to specialist not completed 6
Psych Meds 2	Mental Disorders 1	Mental Disorders 1	Mental Disorders 1	Recommended follow up not completed 1
Current prescription/therapy or planned surgery 5	Current prescription/therapy or planned surgery 6	Musculoskeletal 15	Musculoskeletal 15	Anxiety 8
Recommended testing not completed 4	Recommended testing not completed 4	Alcohol and/or drug abuse/addiction/smoking 10	Current prescription/therapy or planned surgery 5	Depression 7
Referral to specialist not completed 4	Referral to specialist not completed 3	Smoking 2	Referral to specialist not completed 5	Psych Meds 2
Recommended follow up not completed 2	Abnormal tests without diagnosis / tests with no results 2	Hypertension 10	Recommended follow up not completed 1	Mental Disorders 1
Abnormal tests without diagnosis 1	Musculoskeletal 14	Current prescription/therapy or planned surgery 4	Recommended testing not completed 3	Musculoskeletal 17
Musculoskeletal 12	Alcohol and/or drug abuse/addiction/smoking 10	Recommended testing not completed 3	Alcohol and/or drug abuse/addiction/smoking 9	Alcohol and/or drug abuse/addiction/smoking 10
Alcohol and/or drug abuse/addiction/smoking 9	Smoking 2	Referral to specialist not completed 3	Smoking 2	Smoking 2
Height / weight 9	Hypertension 10	Severe abdominal pain 4	Hypertension 10	Hypertension 10
Hypertension 9	Height / weight 7	Diseases of the digestive system 2	Symptoms, Signs, and II-defined Conditions 8	Symptoms, Signs, and II-defined Conditions 7
Pregnancy 4	Obesity 2	Abdominal pain 3	abnormal tests 1	abnormal tests 1
Abnormal menstrual bleeding 3	Pregnancy 5	Symptoms, Signs, and II-defined Conditions 8	Pregnancy 5	Height / weight 7
Uterine Fibroids 1	Abnormal menstrual bleeding 2	Height / weight 7	Abnormal menstrual bleeding 2	Obesity 1
Ovarian cysts 1	Uterine Fibroids 1	Obesity 1	Uterine Fibroids 1	Elevated Liver Function Tests 6
Elevated Liver Function Tests 6	Female conditions 1	Elevated Liver Function Tests 6	Missed menstrual cycle 1	liver disorder 1
liver disorder 1	Elevated glucose tests 5	liver disorder 1	Height / weight 7	Hepatitis 1
Hepatitis 1	Diabetes 3	Hepatitis 1	Obesity 1	Pregnancy 5
Symptoms, Signs, and II-defined Conditions 7	Elevated Liver Function Tests 6	Abnormal menstrual bleeding 1	Elevated Liver Function Tests 6	Macromastia 1
Chest pain 2	Elevated liver disorder 1	Uterine Fibroids 1	liver disorder 1	Abnormal menstrual bleeding 1
Diseases of Circulatory system 1	Hepatitis 1	Uterine Fibroids 1	Hepatitis 1	Uterine Fibroids 1
Abnormal Cardiac tests 1	Symptoms, Signs, and II-defined Conditions 7	Elevated glucose tests 4	Cardiac 2	Abdominal pain 5
Elevated blood pressure 1	Cardiac 2	Diabetes 2	Elevated glucose tests 2	Diseases of the digestive system 5
Diseases of the digestive system 4	Chest pain 2	Cardiac 2	Cardiac 2	Elevated glucose tests 2
Elevated glucose tests 2	Diseases of Circulatory system 1	Abnormal Cardiac tests 1	Abnormal Cardiac tests 1	Diabetes 2
Diabetes 4	Varicose veins 1	Diseases of Circulatory system 1	Elevated glucose tests 4	Chest pain 1
Symptoms, Signs, and II-defined Conditions 4	Abdominal pain 4	Abnormal Cardiac tests 2	Diabetes 2	Diseases of Circulatory system 1
Sleep apnea 3	Diseases of the digestive system 2	malignant neoplasm 1	Abdominal pain 4	Abnormal Cardiac tests 1
Diseases of the genitourinary system 2	Diseases of the genitourinary system 4	Leukemia 1	Diseases of the digestive system 1	Sleep apnea 3
Severe Headaches (not diagnosed as migraines) 2	Severe Headaches (not diagnosed as migraines) 3	Severe Headaches (not diagnosed as migraines) 3	Severe Headaches (not diagnosed as migraines) 3	Hypercholesterolemia 2
Diseases of the skin and subcutaneous tissue 1	Hypercholesterolemia 2	Sleep apnea 2	Hypercholesterolemia 2	Diseases of the genitourinary system 2
ADHD 1	Diseases of the skin and subcutaneous tissue 2	Hypercholesterolemia 2	Hypercholesterolemia 2	Severe Headaches (not diagnosed as migraines) 2
Inability to walk 1	Severe Headaches (not diagnosed as migraines) 2	Diseases of the genitourinary system 2	Severe Headaches (not diagnosed as migraines) 2	malignant neoplasm 2
Respiratory 1	malignant neoplasm 2	Diseases of the skin and subcutaneous tissue 1	Diseases of the skin and subcutaneous tissue 1	Diseases of the skin and subcutaneous tissue 1
Congenital Abnormalities 1	ADHD 1	ADHD 1	Diseases of the skin and subcutaneous tissue 1	ADHD 1
hyperlipidemia 1	Respiratory 1	Respiratory 1	Plan, weakness, numbness in arms 1	Steroid use 1
	Congenital Abnormalities 1	Congenital Abnormalities 1	ADHD 1	Respiratory 1
	decreased motor skills 1	ADHD 1	Respiratory 1	Congenital Abnormalities 1
		ADHD 1	swollen glands 1	vertigo 1
		ADHD 1		cough 1