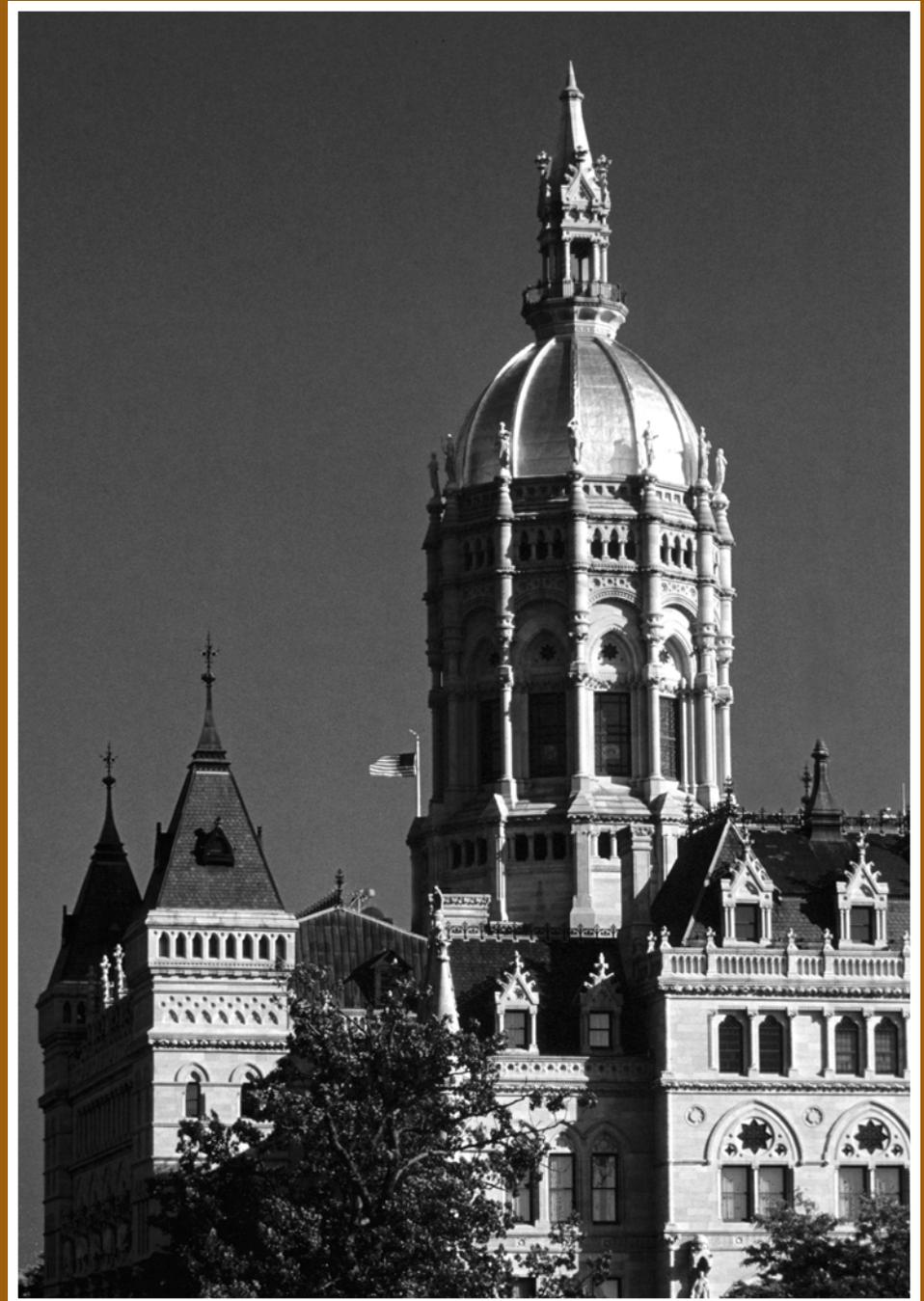
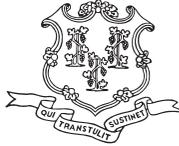


A COMPARISON OF

*Managed Care
Organizations
In Connecticut*



October 2007



Dear Health Care Consumer,

The Insurance Department is pleased to provide you with the latest edition of “Managed Care Organization in Connecticut,” a comparison guide of all Health Maintenance Organizations (HMOs) and the fifteen largest insurers that offer managed care plans in the State.

Choosing the right health coverage for yourself and your family can be difficult and confusing. This guide contains information concerning the organizations offering managed health care plans. Information concerning a specific plan offered by the organization can be obtained directly from the companies by calling the customer service numbers listed in the guide. In addition, a comparison worksheet is included to help you narrow your choices in making a decision.

Sincerely,

Thomas R. Sullivan
Insurance Commissioner

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About This Guide

This guide is designed to help you compare *managed care organizations (MCOs)*. It contains data from all *Health Maintenance Organizations (HMOs)* and the fifteen indemnity insurers with the highest premium volume for *managed care plans* in Connecticut. Medicare and Medicaid programs are not included. You will find information on *HMOs* presented in the first half of this guide and information on *indemnity MCOs* in the second half. Customer service phone numbers and other general information are provided. The number of physicians, hospitals and pharmacies is shown for each *MCO* by county. This is followed by a comparison of certain quality measures and member satisfaction survey results. Similar information on indemnity insurers that offer *managed care plans* but are not included in this guide is available at the Insurance Department. A list of these companies with addresses and phone numbers is included in this guide. A glossary of common terms used in *managed care* is also included in this guide. Any terms that are in *italics* can be found in the glossary.

The information in this guide is based on data provided by the *MCOs* as of year end 2006. This guide does not contain information on specific plans offered by the *MCOs*. Each *MCO* offers several different plans, and often tailors them to a specific policyholder's needs. You will need to get additional information from the *MCO* or your employer to make your choice. In addition to this guide, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

You should consider the following factors when choosing a health plan:

- **Service Area:** Do you live or work in the service area?
- **Convenience:** How far would you have to travel from your home or office to use the health care services?
- **Choice of Providers:** Does the network include your physicians, hospital, pharmacy or any other *provider*? Does the plan include an option for going out of the network?
- **Coverage:** Does the plan provide the health services that you are most likely to need?
- **Cost:** What is the premium or employee contribution? What *copayments, deductibles* or *coinsurance* amounts will you be required to pay?
- **Performance:** How did the health plans you are considering perform on the measures that are important to you and your family?

To help you make your choice, this guide includes a "Managed Care Plan Comparison Worksheet." You may use this worksheet to compare the various *managed care plans* available to you. Certain coverages are mandated by law. The worksheet does not include these benefits, since they must be included in all *managed care plans* issued in Connecticut. This guide will be updated annually.

Overview of Managed Care

What is managed care?

Managed Care is a general term to describe a system of health care delivery that attempts to manage the access, cost and quality of health care. Preventive care and early detection screenings are promoted. You generally are required to choose a *primary care physician* to oversee your care.

How do traditional indemnity plans differ from managed care plans?

Traditional *indemnity plans* reimburse you for expenses incurred for covered services. After a specified *deductible* is met, there can be cost sharing by you and the plan through *coinsurance* or a *copayment*. You are free to use any licensed health care *provider*.

Managed care plans as defined in Connecticut law perform *utilization review* and use a network of *participating providers*. Most services are covered in full, although a *copayment* may be required at the time the covered service is rendered. You must use *participating providers* in the network to receive the highest level of coverage, except in the case of an emergency. The plan may offer out of network benefits.

If you are in a *managed care plan* and are denied coverage due to medical necessity, you may have the right to an external appeal.

What are some common features of managed care plans?

- **Utilization Reviews (UR):** You may be required to get approval from the *MCO* for certain services before receiving treatment.
- **Provider Networks:** You must use *providers* that have contracts with the *MCO* unless the plan provides out of network benefits.
- **Preventive Care:** Physicals and early detection screenings are generally covered to keep you healthy.
- **Reduction of Paperwork:** There are generally no claim forms.
- **Copayments:** You may be required to pay a flat fee at the time the health care is rendered.
- **Gatekeeper:** You may need to get a referral from your *primary care physician* before seeing a specialist.

Managed Care Organizations Included in this Guide

Health Maintenance Organizations

Aetna Health	Aetna Health, Inc. of CT
Anthem BC-BS	Anthem Blue Cross & Blue Shield of CT, Inc.
CIGNA	CIGNA HealthCare of CT, Inc.
ConnectiCare	ConnectiCare, Inc.
Health Net	Health Net of CT Inc.
Oxford	Oxford Health Plans (CT), Inc.

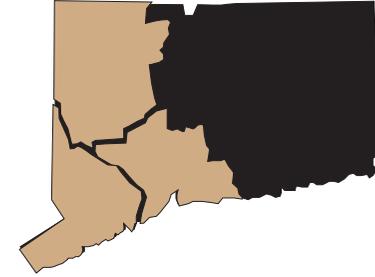
Indemnity Managed Care Organizations

Aetna Life	Aetna Life Insurance Co.
American Republic	American Republic Insurance Co.
Anthem BC-BS	Anthem Blue Cross & Blue Shield of CT, Inc.
Celtic	Celtic Insurance Co.
ConnectiCare	ConnectiCare Insurance Co., Inc.
CT General	Connecticut General Life Insurance Co.
Golden Rule	Golden Rule Insurance Co.
Guardian	Guardian Life Insurance Co. of America
Health Net	Health Net Insurance of CT, Inc.
John Alden	John Alden Life Insurance Co.
Oxford Health	Oxford Health Insurance Co.
Time	Time Insurance Co.
Trustmark Life	Trustmark Life Insurance Co.
Union Security	Union Security Insurance Co.
United	United HealthCare Insurance Co.

The companies will be referenced by the abbreviations shown in **bold face type**.
Some companies may be servicing existing business and not currently issuing new business.

Health Maintenance Organizations

Number of Providers Located in Each Connecticut County



HMO	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	601	1,083	7	131	611	1,429	6	157	64	122	2	39
Anthem BC-BS	658	1,178	6	143	642	1,710	7	172	96	122	3	40
CIGNA	683	1,516	6	142	688	2,032	7	170	97	157	3	40
ConnectiCare	644	1,269	6	144	771	1,961	7	172	91	165	3	43
Health Net	676	1,503	6	144	701	2,320	7	175	91	162	3	41
Oxford	801	2,107	6	140	826	2,924	6	179	118	271	3	42

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in Fairfield, New Haven and Litchfield counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

Health Maintenance Organizations

Number of Providers Located in Each Connecticut County



HMO	Hartford County				Tolland County				Middlesex County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	133	1,254	8	149	91	49	3	22	70	120	2	24
Anthem BC-BS	727	1,478	7	176	62	55	2	23	104	155	1	30
CIGNA	761	1,843	8	178	61	74	2	24	109	191	1	30
ConnectiCare	821	2,198	7	173	63	67	2	23	112	145	1	32
Health Net	714	1,759	7	167	66	79	2	22	107	165	1	29
Oxford	841	2,689	8	180	65	166	2	25	108	288	1	33

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in Hartford, Tolland and Middlesex counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

Health Maintenance Organizations

Number of Providers Located in Each Connecticut County



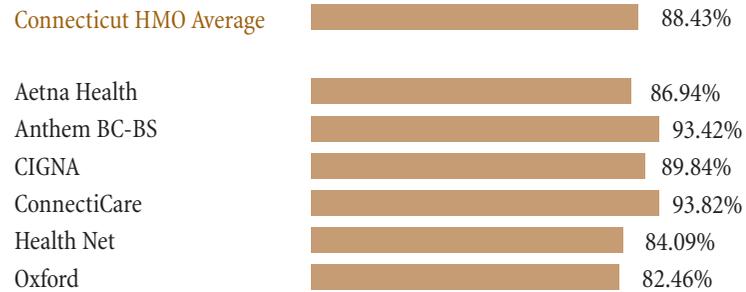
HMO	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	693	208	2	38	110	67	1	20	2,373	4,332	31	580
Anthem BC-BS	158	272	2	41	72	76	2	21	2,519	5,046	30	646
CIGNA	122	235	2	42	72	139	2	22	2,593	6,187	31	648
ConnectiCare	156	271	2	42	55	105	2	21	2,713	6,181	30	650
Health Net	162	285	2	42	71	106	2	23	2,588	6,379	30	643
Oxford	169	513	2	46	84	170	2	23	3,012	9,128	30	668

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

Quality Measures

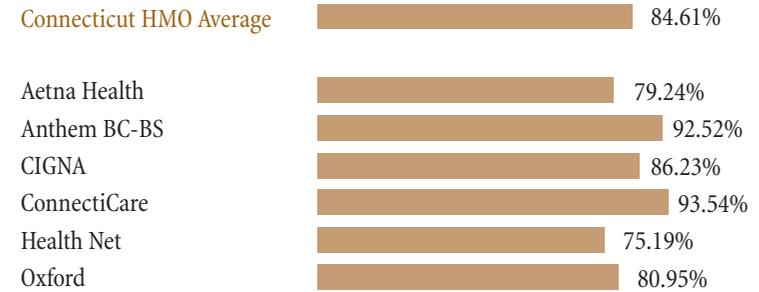
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the HMO's provider network who were board certified as of December 31, 2006.



Percentage of Physician Specialists Who Are Board Certified

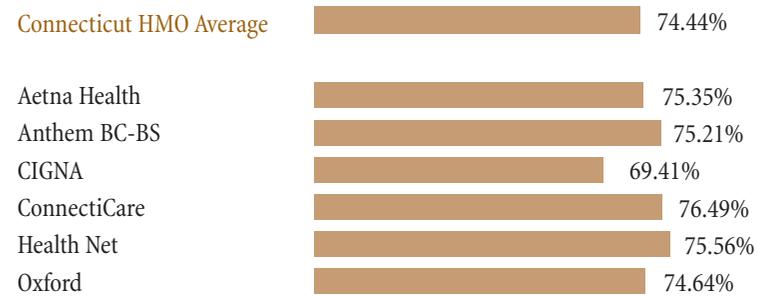
The percentage of physician specialists in the HMO's provider network who were board certified as of December 31, 2006.



Quality Measures

Breast Cancer Screening

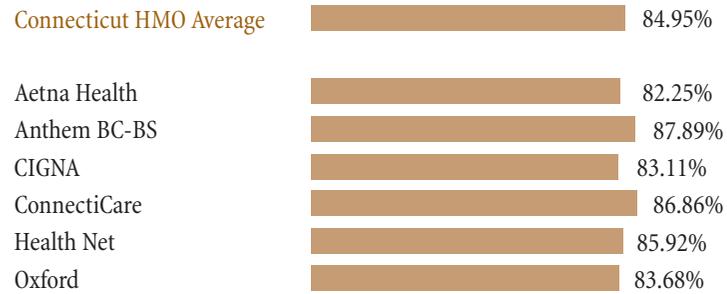
The percentage of enrolled women who: (a) were age 40 through 69 years as of December 31, 2006; and (b) were continuously enrolled during 2005 and 2006; and (c) had a mammogram during 2005 or 2006.



Quality Measures

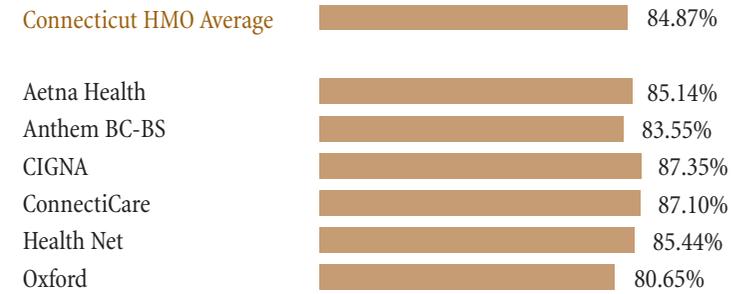
Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 21 through 64 years as of December 31, 2006; and (b) were continuously enrolled during 2004, 2005, or 2006; and (c) received one or more Pap tests during 2004, 2005, or 2006.



Childhood Immunizations

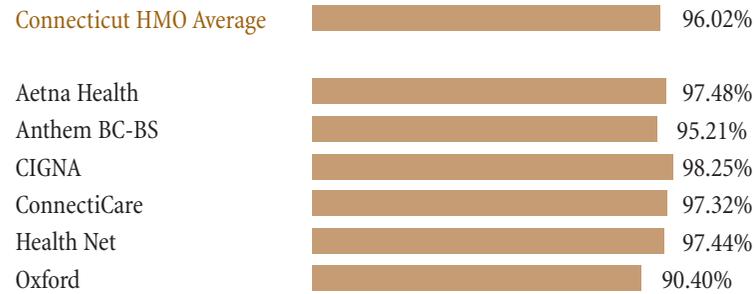
The percentage of enrolled children who: (a) turned two years old during 2006; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox and pneumococcal are included in this measure.



Quality Measures

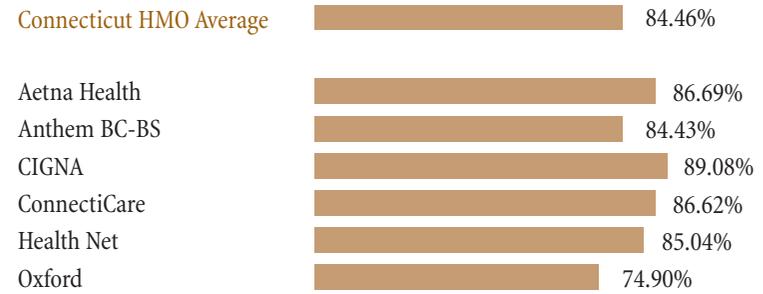
Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2005 and November 5, 2006; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had at least one prenatal care visit in the first trimester or within 42 days of enrollment in the Managed Care Organization.



Postpartum Care Following Delivery

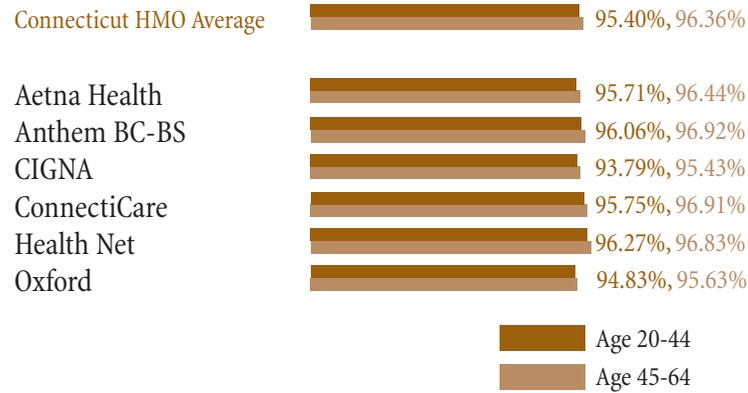
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2005 and November 5, 2006; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



Quality Measures

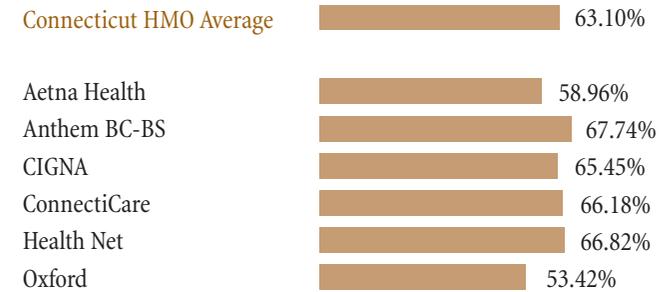
Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2006 who (a) were continuously enrolled in the plan during 2004, 2005 and 2006; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2004, 2005 or 2006.



Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2006; and (b) turned 18 through 75 years of age during 2006; and (c) were continuously enrolled during 2006; and (d) had an eye examination in 2006.



Quality Measures

Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 35 years and older as of December 31, 2006; and (b) were hospitalized and discharged alive between January 1, 2006 and December 24, 2006; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.

Connecticut HMO Average		99.67%
Aetna Health		100.00%
Anthem BC-BS		100.00%
CIGNA		100.00%
ConnectiCare		100.00%
Health Net		98.02%
Oxford		100.00%

Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2006	Average cost per prescription	Average annual number of prescriptions per member per year
Aetna Health	\$35,246,771	\$60.64	11.68
Anthem BC-BS	\$186,317,812	\$62.78	11.89
CIGNA	\$18,984,797	\$71.38	5.99
ConnectiCare	\$143,210,000	\$66.12	10.25
Health Net	\$127,696,476	\$69.17	12.20
Oxford	\$26,095,766	\$66.65	11.27

Health Maintenance Organizations Utilization Review Measures

HMO	Total Number of UR Request	Total Number of UR Denials	Percentage of UR Requests Denied	Total Number of UR Denials that were Appealed	Total Number of Denials that were Reversed on Appeal	Percentage of Denials that were Reversed on Appeal
Aetna Health	19,153	1,410	7.36%	229	13	5.68%
Anthem BC-BS	92,720	7,011	7.56%	1,057	553	52.32%
CIGNA	21,017	5,849	27.83%	69	21	30.43%
ConnectiCare	53,292	6,972	13.08%	291	40	13.75%
Health Net	135,858	16,135	11.88%	1,189	403	33.89%
Oxford	44,751	11,711	26.17%	457	225	49.23%

Health Maintenance Organizations

Fully Insured Behavioral Health - Utilization Review Statistics	Aetna Health	Anthem BC-BS	CIGNA	Connecticare	Health Net	Oxford
Provide the following on all fully-insured mental & nervous conditions for calendar year 2006.						
1) Number of UR requests received						
a) Inpatient Admissions	269	3,344	219	3,227	5,861	291
b) Outpatient Services	374	9,151	327	11,381	27,441	217
c) Procedures	0	0	19	0	416	6
d) Extensions of Stay	0	4,042	452	804	12,214	291
2) Number of Total Denials						
a) Inpatient Admissions	2	84	8	43	23	11
b) Outpatient Services	14	62	6	36	14	4
c) Procedures	0	0	0	0	34	1
d) Extensions of Stay	0	168	15	45	92	11
3) Number of Partial Denials						
a) Inpatient Admissions	29	0	1	20	7	22
b) Outpatient Services	0	275	1	19	1	1
c) Procedures	0	0	0	0	2	0
d) Extensions of Stay	0	0	0	28	22	22
4) Number of Appeals of Denials						
a) Inpatient Admissions	19	41	1	9	1	13
b) Outpatient Services	4	75	1	12	2	3
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	68	3	11	2	0
5) Number of Denials Reversed on Appeal						
a) Inpatient Admissions	6	7	0	4	0	2
b) Outpatient Services	0	8	1	1	2	0
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	10	0	4	0	0

Health Maintenance Organizations

Mental Health Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	Connecticare	Health Net	Oxford
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	197	1,230	187	1,206	754	130
Report the total discharges / 1,000 member months* *for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	3.01	3.44	3.18	5.35	3.55	0.27
Report the average length of stay.	8.27	7.85	7.95	9.96	9.13	7.68

Mental Health Utilization - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	Connecticare	Health Net	Oxford
Report the total number of members who received care						
A) Any Mental Health Service	4,574	35,044	3,824	21,873	18,862	3,414
B) Inpatient Mental Health Services	158	958	156	612	578	104
C) Intermediate Mental Health Services	136	707	28	315	350	32
D) Ambulatory Mental Health Services	4,547	34,885	3,783	21,765	18,713	3,391
Report the percentage of the above numbers who received the respective service.						
A) Inpatient Mental Health Services	0.24%	0.27%	0.24%	0.27%	0.27%	0.26%
B) Intermediate Mental Health Services	0.21%	0.20%	0.04%	0.14%	0.16%	0.09%
C) Ambulatory Mental Health Services	6.94%	9.74%	5.15%	9.66%	8.82%	8.36%

Health Maintenance Organizations

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	Connecticare	Health Net	Oxford
Report the total number of inpatient discharges with chemical dependency as the principal diagnosis, including detoxification, at either a hospital or a treatment facility.	82	1,009	152	495	800	77
Report the total discharges / 1,000 member months* *for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	1.25	2.82	2.29	2.20	3.77	0.16
Report the average length of stay.	4.63	5.05	5.49	6.01	3.78	4.19

Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	Connecticare	Health Net	Oxford
Report the total number of members who received care						
a) Any Chemical Dependency Service	417	4,148	583	1,296	2,597	394
b) Inpatient Chemical Dependency Services	65	1,182	223	581	830	142
c) Intermediate Chemical Dependency Services	81	654	1	259	316	14
d) Ambulatory Chemical Dependency Services	391	3,625	433	884	2,105	316
Report the percentage of the above numbers who received the respective service.						
a) Inpatient Chemical Dependency Services	0.10%	0.33%	0.38%	0.26%	0.39%	0.35%
b) Intermediate Chemical Dependency Services	0.12%	0.18%	0.00%	0.11%	0.15%	0.03%
c) Ambulatory Chemical Dependency Services	0.60%	1.01%	0.74%	0.39%	0.99%	0.78%

Health Maintenance Organizations

Mental Health Utilization - Follow-up After Hospitalization for Mental Illness	Aetna Health	Anthem BC-BS	CIGNA	Connecticare	Health Net	Oxford
The percentage of discharges from an inpatient setting of an acute care facility, including acute psychiatric facilities, with a discharge date on or before Dec 1, 2006 for members 6 yrs of age or older who were hospitalized for treatment of select mental health disorders.						
a) Who had an ambulatory or intermediate mental health visit on the date of discharge up to 30 days after the hospital discharge.	80.49%	86.80%	80.99%	90.00%	85.85%	74.75%
b) Who had an ambulatory or intermediate mental health visit on the date of discharge up to 7 days after the hospital discharge.	64.63%	71.67%	65.29%	81.09%	73.58%	57.58%

Mental Health Utilization - Antidepressant Medication Management	Aetna Health	Anthem BC-BS	CIGNA	Connecticare	Health Net	Oxford
The percentage of members 18 and older as of Apr. 30, 2006, who were continuously enrolled 120 days prior to the episode start date through 245 days after the start date, who were diagnosed with a new episode of depression between May 1, 2005 and Apr. 30, 2006, and treated with antidepressant medication.						
a) Who had at least 3 follow-up office visits or intermediate treatment with a practitioner within 84 days (12 weeks) after the episode start date.	26.35%	27.96%	22.88%	57.56%	32.92%	31.33%
b) Who remained on antidepressant medication the entire 84 day period acute treatment phase.	69.59%	63.80%	58.47%	67.34%	62.68%	64.15%
c) Who remained on antidepressant medication for at least 180 days (6 months)	50.00%	46.71%	40.68%	52.21%	46.65%	52.83%

Health Maintenance Organizations

Claim Expenses -	Aetna Health	Anthem BC-BS	CIGNA	Connecticare	Health Net	Oxford
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2006 through Dec. 31, 2006, for each of the following.						
Inpatient Mental Health	\$1.54	\$1.21	\$4.60	\$1.64	\$6.89	\$1.98
Inpatient Substance Abuse	\$0.28	\$0.51	\$1.76	\$0.35	\$1.59	\$0.68
Outpatient Mental Health	\$2.56	\$3.27	\$8.59	\$2.77	\$7.97	\$8.93
Outpatient Substance Abuse	\$0.14	\$0.17	\$1.52	\$0.14	\$0.10	\$0.42
Total of the above overall	\$4.50	\$5.16	\$16.46	\$4.91	\$16.55	\$11.92

Member Satisfaction Survey – Health Maintenance Organizations

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Percentage of Managed Care members surveyed.	4.30%	0.36%	3.40%	0.66%	0.62%	3.80%
The percentage of those surveyed who responded.	31.10%	31.94%	25.70%	35.70%	38.78%	23.66%
Q. In the last 12 months, how often was it easy to get appointments with specialists?						
Never	3.60%	3.80%	4.20%	2.90%	1.60%	4.00%
Sometimes	16.60%	11.40%	13.20%	13.70%	11.40%	16.00%
Usually	38.20%	34.80%	83.90%	31.50%	32.90%	39.00%
Always	41.60%	50.00%		51.90%	54.10%	41.00%
Q. In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought was needed?						
Never	1.00%	1.70%	0.70%	1.90%	1.30%	1.00%
Sometimes	11.60%	12.90%	15.20%	10.90%	8.20%	13.00%
Usually	34.50%	33.10%	30.10%	31.70%	28.50%	34.00%
Always	52.90%	52.30%	53.90%	55.60%	62.10%	52.00%
Q. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?						
Never	2.70%	0.70%	1.60%	0.70%	1.10%	0.00%
Sometimes	10.40%	19.10%	11.90%	13.00%	6.00%	7.00%
Usually	25.30%	19.10%	19.80%	23.30%	25.70%	25.00%
Always	61.60%	16.20%	66.70%	63.00%	67.20%	68.00%
Q. In the last 12 months, how often was it easy to get the care, tests or treatment, you thought you needed through your health plan?						
Never	3.10%	0.40%	3.10%	0.80%	0.40%	5.00%
Sometimes	11.50%	8.60%	10.20%	10.60%	7.00%	13.00%
Usually	37.30%	30.00%	86.70%	22.40%	25.60%	39.00%
Always	48.20%	60.90%		66.30%	66.90%	43.00%

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Q. In the last 12 months, how often did the written materials or Internet provide the information you needed about how your health plan works?						
Never	5.50%	11.40%	6.40%	6.30%	6.10%	8.00%
Sometimes	32.20%	26.60%	29.50%	16.80%	24.50%	34.00%
Usually	42.40%	40.50%	64.10%	50.50%	40.80%	44.00%
Always	19.90%	21.50%		26.30%	28.60%	14.00%
Q. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?						
Never	6.70%	12.50%	10.20%	2.60%	4.80%	7.00%
Sometimes	22.50%	17.70%	18.40%	13.90%	18.50%	33.00%
Usually	27.10%	27.10%	71.40%	28.70%	36.30%	30.00%
Always	43.80%	42.70%		54.80%	40.30%	29.00%
Q. Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?						
0	1.40%	0.30%	0.70%	1.10%	0.70%	0.00%
1	1.10%	0.30%	0.70%	0.30%	0.70%	1.00%
2	2.30%	1.50%	0.30%	0.60%	0.20%	1.00%
3	2.00%	0.90%	3.60%	2.00%	0.70%	5.00%
4	3.10%	1.50%	1.30%	1.70%	1.50%	3.00%
5	9.90%	7.60%	10.80%	7.30%	2.20%	10.00%
6	9.90%	7.60%	8.50%	7.30%	6.00%	10.00%
7	16.70%	13.40%	18.00%	15.60%	10.00%	17.00%
8	27.40%	22.40%	23.90%	22.90%	28.70%	24.00%
9	16.70%	20.90%	18.40%	20.90%	25.20%	17.00%
10	9.60%	23.80%	13.80%	20.40%	23.90%	10.00%

Totals may not add to 100% due to rounding, or failure of some respondents to answer all questions.

Health Maintenance Organizations

HMO	Address	CUSTOMER SERVICE INFORMATION			Profit/ Not for Profit	Service Area
		Customer Service Phone Number	Days of the week the phone is staffed	Hours the phone is staffed		
Aetna Health, Inc. of CT	151 Farmington Ave., Mail: RE6A Hartford, CT 06156	1-800-323-9930	Monday-Friday	8:00am-6:00pm	For Profit	Statewide
Anthem Blue Cross & Blue Shield of CT, Inc.	370 Bassett Road North Haven, CT 06473	multiple numbers	Monday-Friday	8:00am-5:00pm	For Profit	Statewide
CIGNA HealthCare of CT., Inc.	900 Cottage Grove Road Hartford, CT 06152	1-800-832-3211 and 1-800-244-6224	Monday-Friday	8:00am-6:00pm	For Profit	Statewide
ConnectiCare, Inc.	175 Scott Swamp Road Farmington, CT 06032	1-800-251-7722 and 860-674-5757	Monday-Friday	Mon-Thu 8:00am-6:00pm Fri 8:00am-5:00pm	For Profit	Statewide
Health Net of Connecticut, Inc.	One Far Mill Crossing, P.O. Box 904 Shelton, CT 06484	1-800-441-5741	Monday-Friday	8:00am-6:00pm	For Profit	Statewide
Oxford Health Plans (CT), Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222	Monday-Friday	8:00am-6:00pm	For Profit	Statewide

Health Maintenance Organizations

Does the HMO market to individuals?	Fully Insured Enrollment	Other Enrollment	Total Enrollment	Level of NCQA Accreditation Achieved ¹
No	40,496	24,438	64,934	Excellent
Yes	308,033	212,559	520,592	Excellent
No	53,741	0	53,741	Excellent
Yes	166,751	21,884	188,635	Excellent
No	177,967	184,924	362,891	Excellent
No	51,895	0	51,895	Excellent

1) National Committee for Quality Assurance (NCQA)
- A not-for-profit organization that reviews quality and performance measures of HMOs, providing an independent standard of accountability.

Levels of Accreditation

Excellent (HMO/POS) - awarded to plans that meet or exceed NCQA's standards. Must also achieve HEDIS results in the highest range of performance.

Full Accreditation (PPOs) - awarded to plans that meet the NCQA's standards and is effective for three years.

Commendable (HMO/POS) - awarded to plans that meet or exceed NCQA standards.

One-Year Accreditation (PPOs) - awarded to plans that meet most of the NCQA's standards but not enough to obtain full accreditation.

Accredited - plans that meet most of NCQA's basic requirements.

In Process - NCQA has reviewed the health plan for the first time and is in the process of making a decision on the accreditation outcome.

Denied - That a health plan did not meet NCQA's requirements during its review.

Under Review - Indicates NCQA has chosen to re-review the health plan in order to assess the appropriateness of an existing accreditation.

Revoked - indicates serious circumstances have caused NCQA to withdraw accreditation.

NA - the health plan has not applied for NCQA accreditation.

Indemnity Managed Care Organizations

Managed Care Organization	Address	CUSTOMER SERVICE INFORMATION		
		Phone Number	Days of the week the phone is staffed	Hours Staffed (eastern time)
Aetna Life Insurance Company	151 Farmington Ave, RE6A Hartford, CT 06156	varies by employer group	Monday-Friday	8:00am-6:00pm
American Republic Insurance Company	601 Sixth Avenue Des Moines, IA 50334	1-800-247-2190	Monday-Friday	8:30am-6:30pm
Anthem Blue Cross & Blue Shield of CT, Inc.	370 Bassett Road North Haven, CT 06473	multiple numbers	Monday-Friday	8:00am-5:00pm
Celtic Insurance Company	233 So. Wacker Dr., Ste. 700 Chicago, IL 60606-6393	1-800-477-7870	Monday-Friday	9:00am-6:00pm
ConnectiCare Insurance Co. Inc.	175 Scott Swamp Road Farmington, CT 06032	1-800-251-7722 and 860-674-5757	Monday-Friday	Mon-Thu 8:00am-6:00pm Fri 8:00am-5:00pm
Connecticut General Life Insurance Company	900 Cottage Grove Road Hartford, CT 06152	1-800-832-3211	Monday-Friday	8:00am-6:00pm
Golden Rule Insurance Company	7440 Woodland Drive Indianapolis, IN 46278	1-800-657-8205	Monday-Friday	Mon-Thu 8:00am-7:00pm Fri 8:00am-6:00pm
Guardian Life Insurance Company of America	7 Hanover Sq., 19th Floor New York, NY 10004	1-800-873-4542	Monday-Friday	8:00am-8:00pm
Health Net Life Insurance Co.	One Far Mill Crossing, P.O. Box 904 Shelton, CT 06484	1-800-441-5741	Monday-Friday	8:00am - 6:00pm
John Alden Life Insurance Company	501 West Michigan St. Milwaukee, WI 53203	1-800-800-1212	Monday-Friday	8:00am-7:00pm
Oxford Health Insurance, Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222	Monday-Friday	8:00am-6:00pm
Time Insurance Company	501 West Michigan St. Milwaukee, WI 53203	1-800-800-1212	Monday-Friday	8:00am-7:00pm
Trustmark Life Insurance Company	400 Field Drive Lake Forest, IL 60045	1-888-813-7099	Monday-Saturday	Mon-Fri 8:00am-8:00pm Sat 8:00am-2:00pm
Union Security Insurance Company	501 West Michigan St. Milwaukee, WI 53203	1-800-800-1212	Monday-Friday	8:00am-7:00pm
United HealthCare Insurance Company	450 Columbus Blvd. Hartford, CT 06115	1-800-357-0978	Monday-Friday	8:00am-8:00pm

****Some Companies may be servicing existing business and not currently issuing new business.**

Indemnity Managed Care Organizations

Profit/Not for Profit Status	Service Area	Does the plan market to individuals?	Fully Insured Enrollment	Other Enrollment	Total Enrollment ¹	Level of NCQA Accreditation Achieved
For Profit	Statewide	No	50,520	175,067	225,587	Full
For Profit	Statewide	Yes	310	0	310	NA
For Profit	Statewide	Yes	223,227	252,551	475,778	NA
For Profit	Statewide	Yes	525	0	525	NA
For Profit	Statewide	Yes	4,428	35,811	40,239	NA
For Profit	Statewide	No	44,672	100,501	145,173	In Process
For Profit	Statewide	Yes	22,099	0	22,099	NA
For Profit	Statewide	No	1,115	0	1,115	NA
For Profit	Statewide	No	4,680	0	4,680	NA
For Profit	Statewide	Yes	2,205	0	2,205	NA
For Profit	Statewide	No	36,103	0	36,103	NA
For Profit	Statewide	Yes	6,671	0	6,671	NA
For Profit	Statewide	No	42	0	42	NA
For Profit	Statewide	Yes	13	0	13	NA
For Profit	Statewide	No	126,011	137,087	263,098	NA

¹Only applies to managed care plans issued in Connecticut.

**Some Companies may be servicing existing business and not currently issuing new business.

1) National Committee for Quality Assurance (NCQA)

- A not-for-profit organization that reviews quality and performance measures of HMOs, providing an independent standard of accountability.

Levels of Accreditation

Excellent (HMO/POS) - awarded to plans that meet or exceed NCQA's standards. Must also achieve HEDIS results in the highest range of performance.

Full Accreditation (PPOs) - awarded to plans that meet the NCQA's standards and is effective for three years.

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Accredited - plans that meet most of NCQA's basic requirements.

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Denied - That a health plan did not meet NCQA's requirements during its review.

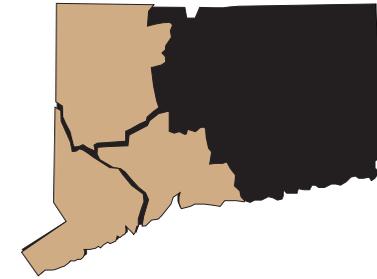
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Revoked - indicates serious circumstances have caused NCQA to withdraw accreditation.

NA - the health plan has not applied for NCQA accreditation.

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County*



Indemnity Managed Care Organization	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Life	601	1,083	7	131	611	1,429	6	157	64	122	2	39
American Republic	632	561	6	146	845	908	5	142	82	52	2	42
Anthem BC-BS	767	1,243	6	143	857	1,652	7	172	106	130	3	40
Celtic	554	1,081	6	156	726	1,587	6	140	58	87	2	41
ConnectiCare	644	1,269	6	144	771	1,961	7	172	91	165	3	43
CT General	694	1,543	6	142	705	2,069	7	170	98	164	3	40
Golden Rule	792	1,660	6	137	751	2,091	7	168	126	202	3	43
Guardian	554	1,081	6	143	726	1,587	6	176	58	87	2	44
Health Net	659	1,455	6	144	677	2,194	7	175	89	160	3	41
John Alden	445	1,081	6	144	466	1,587	6	175	58	87	2	42
Oxford Health	801	2,107	6	140	826	2,924	6	179	118	271	3	42
Time	445	1,081	6	144	466	1,587	6	175	58	87	2	42
Trustmark Life	554	1,081	6	146	726	1,587	6	180	58	87	2	41
Union Security	445	1,081	6	144	466	1,587	6	175	58	87	2	42
United	792	1,660	6	142	751	2,091	7	179	126	202	3	42

Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in Fairfield, New Haven and Litchfield counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the MCO's enrollees.

*If a MCO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County*



Indemnity Managed Care Organization	Hartford County				Tolland County				Middlesex County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Life	133	1,254	8	149	91	49	3	22	70	120	2	24
American Republic	828	586	6	176	56	19	2	24	76	62	1	33
Anthem BC-BS	848	1,501	7	176	66	61	2	23	127	154	1	30
Celtic	615	1,166	6	130	58	48	2	15	44	78	1	23
ConnectiCare	821	2,198	7	173	63	67	2	23	112	145	1	32
CT General	782	1,864	8	178	61	76	2	24	112	199	1	30
Golden Rule	776	1,654	8	169	65	114	2	23	139	248	1	28
Guardian	615	1,166	6	172	58	48	2	24	44	78	1	28
Health Net	703	1,692	7	167	66	72	2	22	106	163	1	29
John Alden	615	1,166	6	172	58	48	1	23	44	78	1	27
Oxford Health	841	2,689	8	180	65	166	2	25	108	288	1	33
Time	615	1,166	6	172	58	48	1	23	44	78	1	27
Trustmark Life	615	1,166	6	182	58	48	2	23	44	78	1	30
Union Security	615	1,166	6	172	58	48	1	23	44	78	1	27
United	776	1,654	8	182	65	114	2	24	139	248	1	30

Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in Hartford, Tolland and Middlesex counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the MCO's enrollees.

*If a MCO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County*



Indemnity Managed Care Organization	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Life	693	208	2	38	110	67	1	20	2,373	4,332	31	580
American Republic	132	180	2	42	51	24	2	22	2,702	2,392	26	627
Anthem BC-BS	196	276	2	41	87	88	2	21	3,054	5,105	30	646
Celtic	103	157	2	38	52	52	2	16	2,210	4,256	27	559
ConnectiCare	156	271	2	42	55	105	2	21	2,713	6,181	30	650
CT General	128	242	2	42	73	142	2	22	2,653	6,299	31	648
Golden Rule	149	354	2	42	75	117	2	22	2,873	6,440	31	632
Guardian	103	157	2	43	52	52	2	22	2,210	4,256	27	652
Health Net	161	283	2	42	70	105	2	23	2,531	6,124	30	643
John Alden	103	157	2	43	52	52	2	21	1,841	4,256	26	647
Oxford Health	169	513	2	46	84	170	2	23	3,012	9,128	30	670
Time	103	157	2	43	52	52	2	21	1,841	4,256	26	647
Trustmark Life	103	157	2	42	52	52	2	20	2,210	4,256	27	664
Union Security	103	157	2	43	52	52	2	21	1,841	4,256	26	647
United	149	354	2	47	75	117	2	24	2,873	6,440	31	670

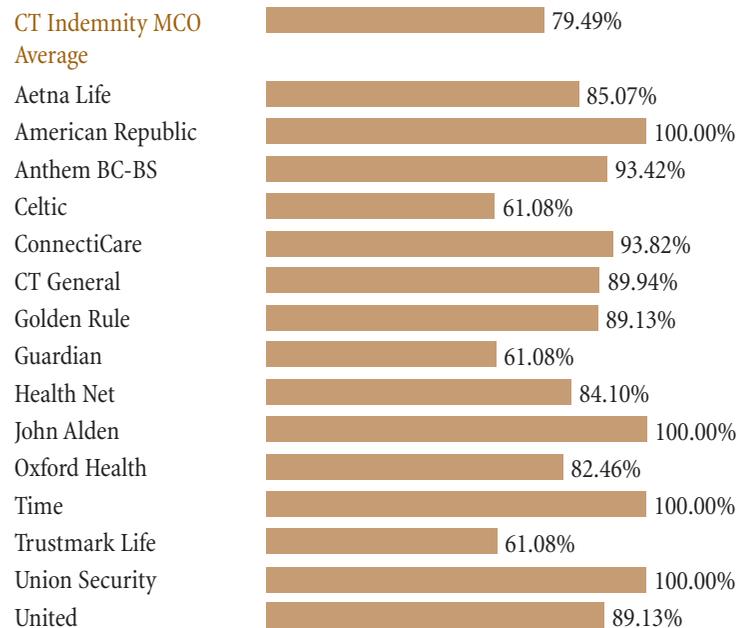
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the MCO's enrollees.

*If a MCO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Quality Measures

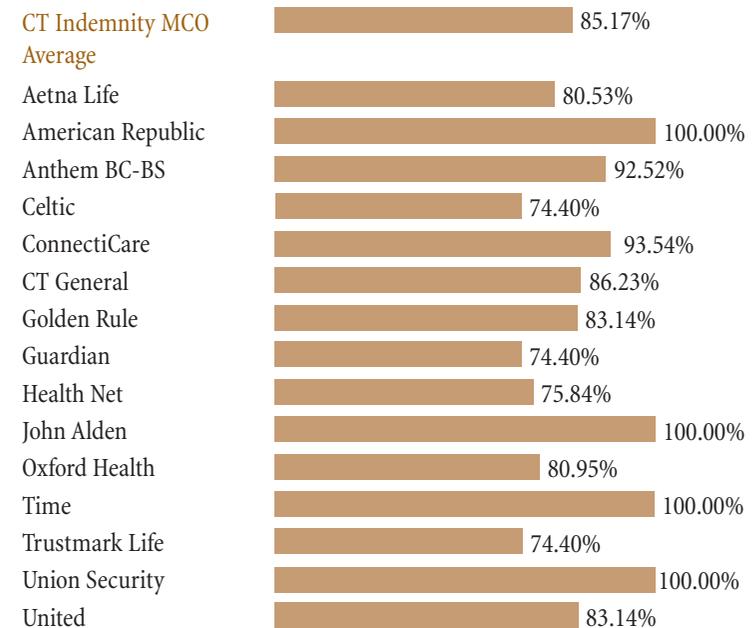
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the MCO's provider network who were board certified as of December 31, 2006.



Percentage of Physician Specialists Who Are Board Certified

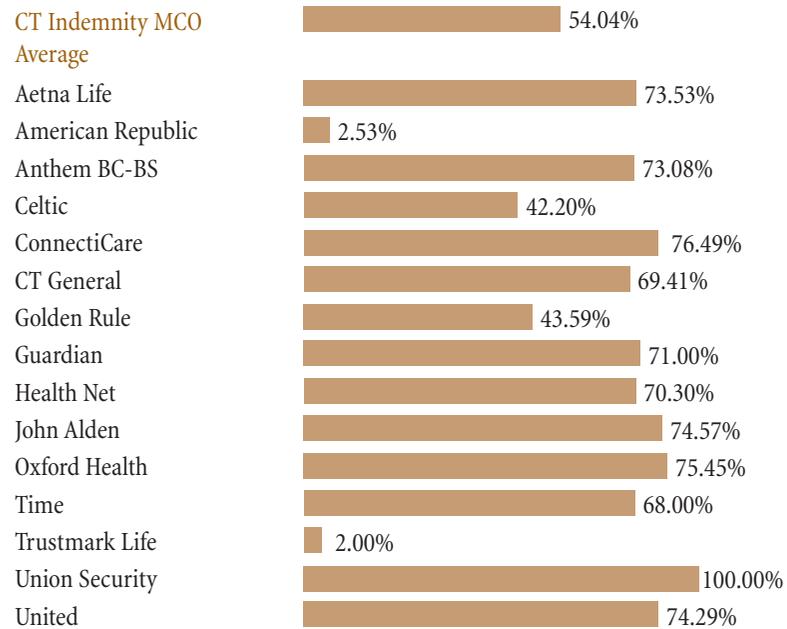
The percentage of physician Specialists in the MCO's provider network who were board certified as of December 31, 2006.



Quality Measures

Breast Cancer Screening

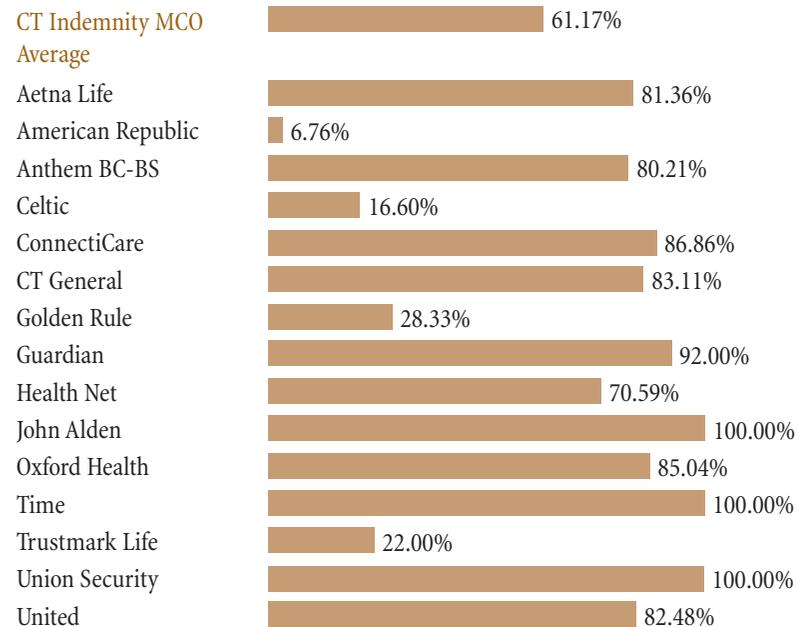
The percentage of enrolled women who: (a) were age 50 through 69 years as of December 31, 2006; and (b) were continuously enrolled during 2005 and 2006; and (c) had a mammogram during 2005 or 2006.



Quality Measures

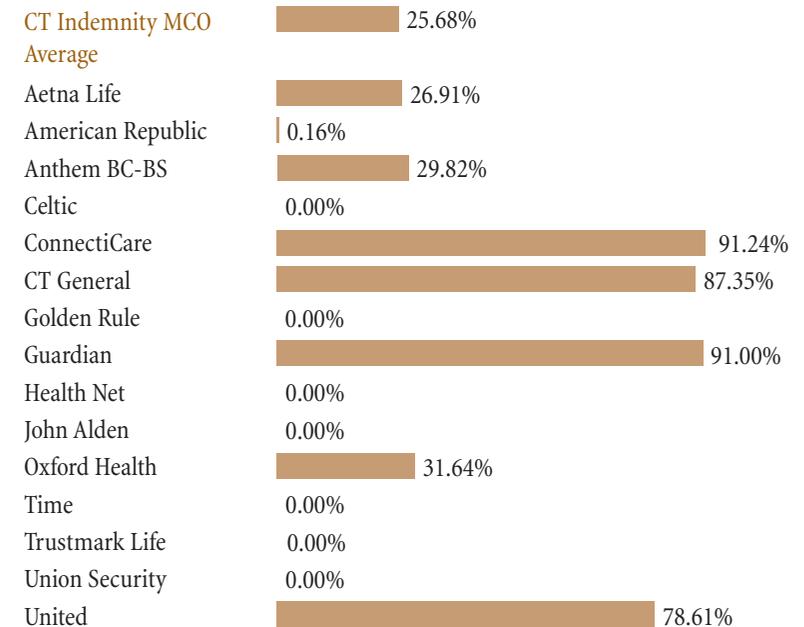
Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 21 through 64 years as of December 31, 2006; and (b) were continuously enrolled during 2004, 2005 or 2006; and (c) received one or more Pap tests during 2004, 2005 or 2006.



Childhood Immunizations

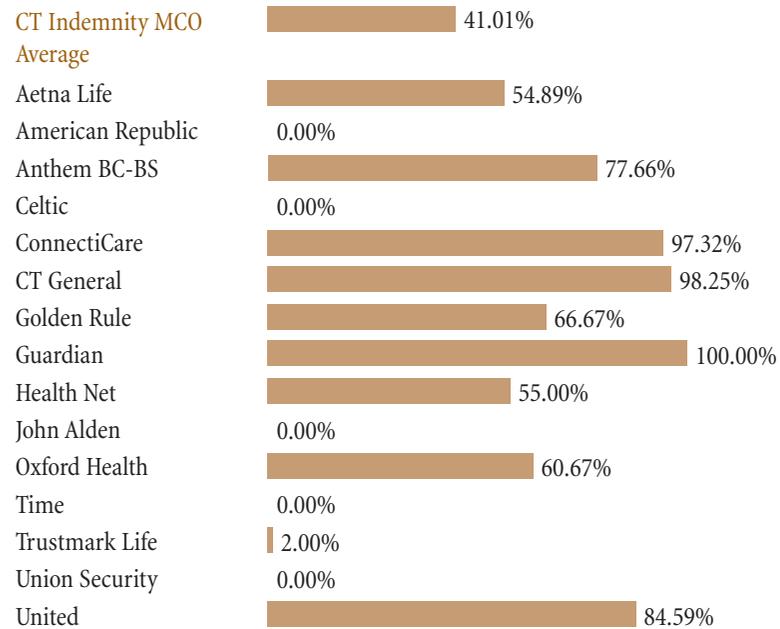
The percentage of enrolled children who: (a) turned two years old during 2006; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, and chicken pox are included in this measure.



Quality Measures

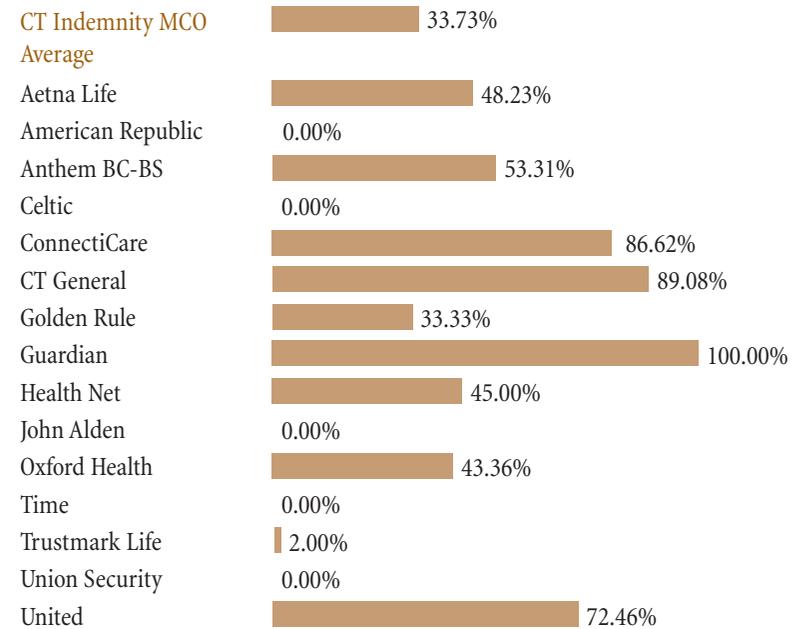
Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2005 and November 5, 2006; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had at least one prenatal care visit in the first trimester or within 42 days of enrollment in the Managed Care Organization.



Postpartum Care Following Delivery

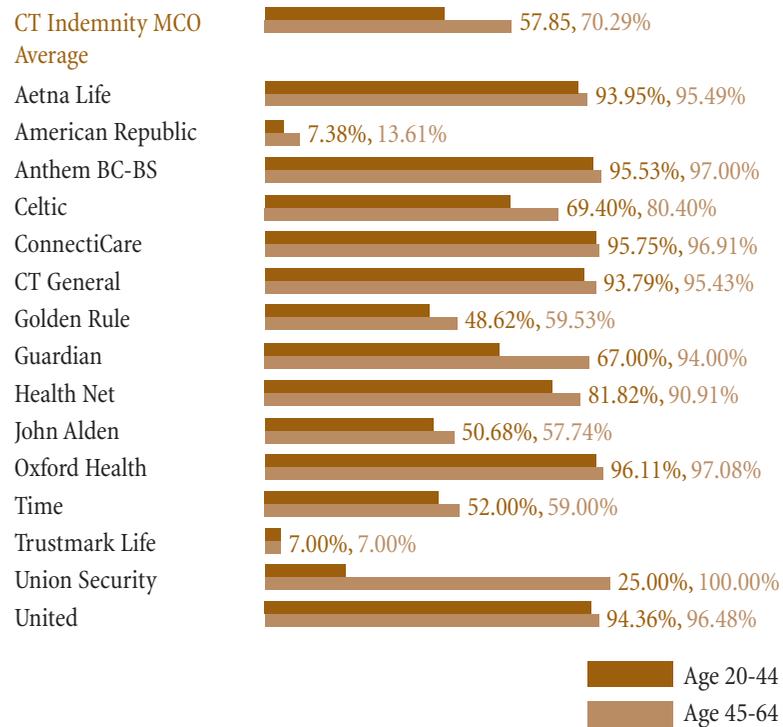
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2005 and November 5, 2006; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



Quality Measures

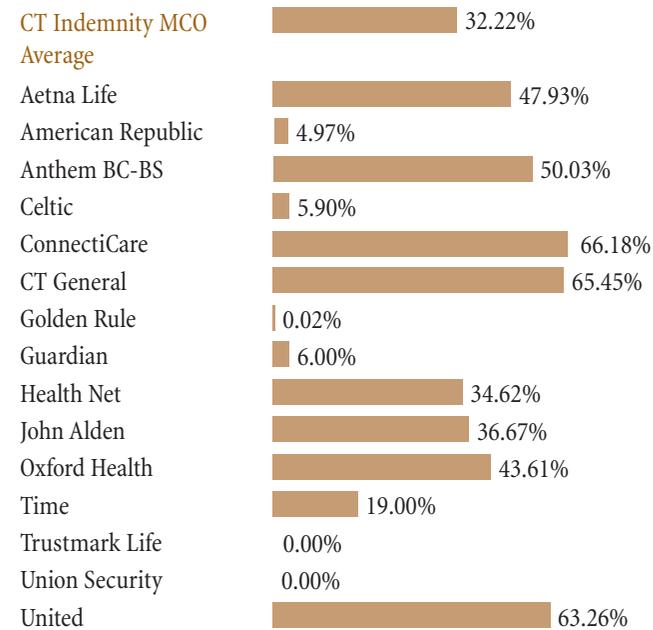
Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2006 who: (a) were continuously enrolled in the plan during 2004, 2005 and 2006; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2004, 2005 or 2006.



Eye Exams for People with Diabetes

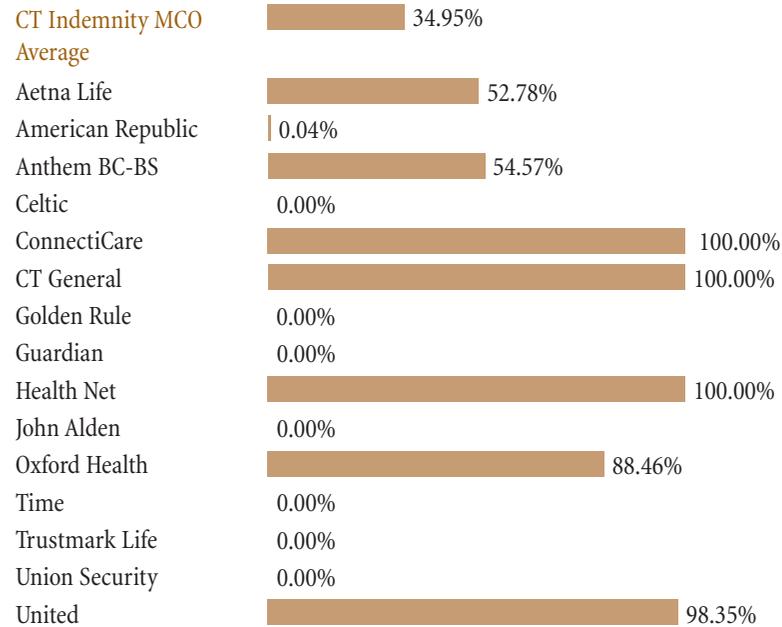
The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2006; and (b) turned 18 through 75 years of age during 2006; and (c) were continuously enrolled during 2006; and (d) had an eye examination in 2006.



Quality Measures

Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 35 years and older as of December 31, 2006; and (b) were hospitalized and discharged alive between January 1, 2006 and December 24, 2006; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.



Outpatient Drug Utilization for Managed Care Enrollees

Insurance Plan	Total cost of prescriptions in 2006	Average cost per prescription	Average annual number of prescriptions per member per year
Aetna Life	\$61,084,929	\$68.96	11.36
American Republic	\$329,480	\$79.47	5.50
Anthem BC-BS	\$239,948,611	\$62.34	14.02
Celtic	\$506,045	\$42.78	15.74
ConnectiCare	\$143,210,000	\$66.12	10.25
CT General	\$16,762,253	\$77.02	8.21
Golden Rule	\$4,875,109	\$55.42	3.98
Guardian	\$1,709,315	\$85.53	6.80
Health Net	\$1,814,190	\$59.05	11.65
John Alden	\$1,246,832	\$113.99	4.46
Oxford Health	\$37,206,448	\$68.73	11.30
Time	\$1,345,210	\$83.63	2.96
Trustmark Life	\$138,397	\$75.92	0.66
Union Security	\$22,098	\$97.35	10.09
United	\$83,698,341	\$58.32	11.28

Indemnity Managed Care Organizations Utilization Review Measures

Indemnity Managed Care Organization	Total Number of UR Requests	Total Number of UR Denials	Percentage of UR Requests Denied	Total Number of UR Denials that were Appealed	Total Number of Denials that were Reversed on Appeal	Percentage of Denials that were Reversed on Appeal
Aetna Life	1,873	123	6.57%	104	30	28.85%
American Republic	53	6	11.32%	2	1	0.00%
Anthem BC-BS	70,617	5,300	7.51%	1,010	470	46.53%
Celtic	127	2	1.57%	2	0	0.00%
ConnectiCare	6,796	491	7.22%	41	6	14.63%
CT General	36,377	7,483	20.57%	400	129	32.25%
Golden Rule	227	11	4.85%	5	1	20.00%
Guardian	519	25	4.82%	11	9	81.82%
Health Net	802	12	1.50%	4	2	50.00%
John Alden	181	16	8.84%	1	1	100.00%
Oxford Health	17,125	4,782	27.92%	195	98	50.26%
Time	246	12	4.88%	1	1	100.00%
Trustmark Life	43	2	4.65%	1	1	0.00%
Union Security	7	0	0.00%	0	0	0.00%
United	5,119	79	1.54%	28	6	21.43%

Indemnity Managed Care Companies

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2006.	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark Life	Union Security	United
1)Number of UR request received															
a) Inpatient Admissions	138	6	1,931	0	3,227	108	50	6	226	15	291	15	0	0	501
b) Outpatient Services	98	2	4,512	0	11,381	85	0	139	863	1	217	0	0	7	1,912
c) Procedures	0	5	0	0	0	5	0	0	4	0	6	0	0	0	0
d) Extensions of Stay	0	2	2,431	0	804	220	0	0	217	0	291	0	0	0	286
2)Number of Total Denials															
a) Inpatient Admissions	0	0	54	0	43	5	10	0	0	4	11	5	0	0	16
b) Outpatient Services	2	0	43	0	36	3	0	0	2	0	4	0	0	0	6
c) Procedures	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
d) Extensions of Stay	0	0	107	0	45	9	0	0	0	0	11	0	0	0	19
3)Number of Partial Denials															
a) Inpatient Admissions	11	0	0	0	20	1	12	0	0	1	22	1	0	0	1
b) Outpatient Services	0	0	191	0	19	2	0	0	0	0	1	0	0	5	4
c) Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	28	0	0	0	0	0	22	0	0	0	4
4)Number of Appeals of Denials															
a) Inpatient Admissions	5	0	27	0	9	3	4	0	0	0	13	0	0	0	13
b) Outpatient Services	0	0	64	3	12	1	0	0	0	0	3	0	0	2	13
c) Procedures	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	51	0	11	7	0	0	0	0	13	0	0	0	14
5)Number of Denials Reversed on Appeal															
a) Inpatient Admissions	1	0	1	0	4	0	0	0	0	1	2	1	0	0	4
b) Outpatient Services	0	0	3	1	1	0	0	0	0	0	0	0	0	0	2
c) Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	5	0	4	0	0	0	0	0	2	0	0	0	5

Indemnity Managed Care Companies

Mental Health Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark Life	Union Security	United
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	342	13	1,359	0	1,206	187	84	2	7	0	175	0	0	0	390
Report the total discharges / 1,000 member mths** for Medicaid. Commercial & medicare use: discharges / 1,000 members per year	2.43	0.01	3.80	0.00	5.35	3.18	0.08	0.60	0.22	0.00	0.29	0.00	0.00	0.00	3.57
Report the average length of stay.	7.87	5.38	9.50	0.00	9.96	7.95	8.00	10.50	9.14	0.00	7.65	0.00	0.00	0.00	6.90

Mental Health Utilization - Percentage by Level of Care

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark Life	Union Security	United
1)Report the total number of members who received															
a) Any Mental Health Service	9,382	35	39,522	28	21,873	3,824	1,350	142	157	192	4,632	280	24	4	9,741
b) Inpatient Mental Health Service	266	8	1,083	0	612	156	66	6	5	6	133	7	0	0	292
c) Intermediate Mental Health Services	189	3	549	0	315	28	0	0	2	4	37	25	0	0	132
d) Ambulatory Mental Health Services	9,348	31	39,324	0	21,765	3,783	1,330	136	156	107	4,603	179	24	4	9,674
2)Report the percentage of the above numbers who received the respective service															
a) Inpatient Mental Health Service	0.19%	0.34%	0.30%	0.00%	0.27%	0.24%	4.89%	0.28%	0.19%	0.36%	0.26%	0.21%	0.00%	0.00%	0.27%
b) Intermediate Mental Health Services	0.13%	0.13%	0.15%	0.00%	0.14%	0.04%	0.00%	0.00%	0.08%	0.24%	0.07%	0.75%	0.00%	0.00%	0.12%
c) Ambulatory Mental Health Services	6.65%	1.33%	10.98%	0.00%	9.66%	5.15%	98.52%	6.40%	5.91%	6.55%	9.14%	5.36%	100.00%	33.33%	8.86%

Indemnity Managed Care Companies

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark Life	Union Security	United
Report the total number of inpatient discharges with chemical dependency as the principal diagnosis, including detoxification, at either a hospital or a treatment facility.	194	6	703	0	495	152	13	0	4	0	111	0	0	0	277
Report the total discharges / 1,000 member mths** for Medicaid. Commercial & medicare use:	1.38	0.01	1.96	0.00	2.20	2.29	0.01	0.00	0.13	0.00	0.18	0.00	0.00	0.00	2.54
discharges / 1,000 members per year															
Report the average length of stay.	5.01	0.00	5.90	0.00	6.01	5.49	3.00	0.00	1.75	0.00	4.67	0.00	0.00	0.00	4.40

Alcohol & Other Drug Services - Percentage by Level of Care

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark Life	Union Security	United
1)Report the total number of members who received															
a) Any Chemical Dependency Service	2,112	4	3,486	0	1,296	583	40	3	24	13	443	10	2	0	1,509
b) Inpatient Chemical Dependency Service	140	2	968	0	581	223	12	0	5	4	167	3	0	0	444
c) Intermediate Chemical Dependency Services	137	0	493	0	259	1	0	0	2	3	27	5	0	0	95
d) Ambulatory Chemical Dependency Services	2,065	3	2,962	0	884	433	33	3	21	8	350	7	2	0	1,283
2)Report the percentage of the above numbers who received the respective service															
a) Inpatient Chemical Dependency Service	0.10%	0.09%	0.27%	0.00%	0.26%	0.38%	30.00%	0.00%	0.19%	0.24%	0.35%	0.09%	0.00%	0.00%	1.38%
b) Intermediate Chemical Dependency Services	0.10%	0.00%	0.14%	0.00%	0.11%	0.00%	0.00%	0.00%	0.08%	0.18%	0.05%	0.15%	0.00%	0.00%	0.09%
c) Ambulatory Chemical Dependency Services	1.47%	0.13%	0.83%	0.00%	0.39%	0.74%	82.50%	0.14%	0.80%	0.49%	0.69%	0.21%	100.00%	0.00%	1.17%

Indemnity Managed Care Companies

Mental Health Utilization - Follow-up After Hospitalization for Mental Illness

The percentage of discharges from an inpatient setting of an acute care facility, including acute psychiatric facilities, with a discharge date on or before Dec 1, 2006 for members 6 yrs of age or older who were hospitalized for treatment of select mental health disorders. a) who had an ambulatory or intermediate mental health visit on the date of discharge up to 30 days after the hospital discharge.	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark Life	Union Security	United
	71.76%	60.00%	72.59%	0.00%	90.00%	80.99%	66.23%	17.00%	83.33%	0.00%	80.83%	0.00%	0.00%	0.00%	81.92%
b) who had an ambulatory or intermediate mental health visit on the date of discharge up to 7 days after the hospital discharge.	56.86%	60.00%	58.19%	0.00%	81.09%	65.29%	51.95%	17.00%	50.00%	0.00%	59.17%	0.00%	0.00%	0.00%	63.08%

Mental Health Utilization - Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2006, who were continuously enrolled 120 days prior to the episode start date through 245 days after the start date, who were diagnosed with a new episode of depression between May 1, 2005 and Apr. 30, 2006, and treated with antidepressant medication. a) who had at least 3 follow-up office visits or intermediate treatment with a practitioner within 84 days (12 weeks) after the episode start date.	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark Life	Union Security	United
	27.71%	21.00%	24.95%	0.00%	57.56%	22.88%	0.00%	0.00%	100.00%	0.00%	30.37%	0.00%	0.00%	0.00%	24.06%
b) who remained on antidepressant medication the entire 84-day period acute treatment phase.	67.47%	14.50%	59.91%	0.00%	67.34%	58.47%	0.00%	0.00%	50.00%	0.00%	68.89%	0.00%	0.00%	0.00%	59.60%
c) who remained on antidepressant medication for at least 180 days (6 months).	55.02%	7.77%	45.21%	0.00%	52.21%	40.68%	0.00%	0.00%	50.00%	0.00%	55.56%	0.00%	0.00%	0.00%	42.83%

Claim Expenses -

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark Life	Union Security	United
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2006 through Dec. 31, 2006, for each of the following.															
Inpatient Mental Health	\$0.56	\$0.57	\$1.25	\$0.00	\$2.00	\$3.55	\$1.36	\$4.11	\$3.85	\$0.01	\$1.68	\$1.51	\$0.00	\$0.00	\$1.13
Inpatient Substance Abuse	\$0.29	\$0.01	\$0.47	\$0.00	\$0.26	\$1.97	\$0.31	\$0.00	\$1.58	\$0.60	\$0.30	\$0.21	\$0.00	\$0.00	\$0.30
Outpatient Mental Health	\$2.31	\$0.54	\$5.13	\$23.00	\$3.53	\$5.09	\$3.18	\$17.95	\$7.68	\$1.16	\$5.36	\$1.96	\$0.03	\$6.17	\$4.54
Outpatient Substance Abuse	\$0.12	\$2.28	\$0.16	\$0.00	\$0.12	\$0.92	\$0.52	\$0.01	\$0.10	\$0.12	\$0.20	\$0.64	\$0.00	\$0.00	\$0.50
Total of the above overall	\$3.29	\$3.40	\$7.01	\$23.00	\$5.91	\$11.53	\$5.37	\$22.06	\$13.21	\$1.90	\$7.54	\$4.31	\$0.03	\$6.17	\$6.47

Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Amer. Republic	Anthem BC-BS	Celtic	ConnectiCare
Percentage of Managed Care members surveyed.	1.00%	100.00%	0.49%	11.20%	24.80%
The percentage of those surveyed who responded.	25.50%	16.00%	38.72%	11.40%	35.70%
Q. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?"					
A big problem	4.90%	16.00%	1.80%	9.80%	2.90%
A small problem	10.80%	17.00%	13.70%	12.20%	13.70%
Not a problem	84.30%	67.00%	84.50%	78.00%	83.40%
Q. In the last 12 months, when you called during regular business hours, how often did you get an appointment for <u>regular or routine</u> health care as soon as you wanted?					
Never	1.30%	75.00%	1.40%	6.50%	1.90%
Sometimes	10.00%	25.00%	9.90%	15.20%	10.90%
Usually	38.50%	0.00%	31.00%	28.30%	31.70%
Always	50.20%	0.00%	57.80%	50.00%	55.60%
Q. In the last 12 months, when you needed care right away for an <u>illness or injury</u>, how often did you get care as soon as you wanted?					
Never	1.90%	74.00%	0.00%	7.90%	0.70%
Sometimes	10.70%	22.00%	7.60%	5.30%	13.00%
Usually	27.30%	4.00%	28.80%	18.40%	23.30%
Always	60.10%	0.00%	63.50%	68.40%	63.00%
Q. In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment, you or a doctor believed necessary?					
A big problem	0.00%	16.00%	0.30%	14.30%	0.80%
A small problem	8.20%	17.00%	4.70%	14.30%	10.60%
Not a problem	91.70%	67.00%	95.00%	71.40%	88.70%

CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark Life	Union Security	United
3.40%	0.79%	100.00%	4.30%	79.10%	2.40%	100.00%	100.00%	100.00%	1.00%
25.70%	30.50%	12.00%	31.79%	45.40%	20.48%	14.20%	19.00%	50.00%	38.20%
4.20%	1.90%	12.00%	1.80%	10.50%	1.00%	7.10%	0.00%	0.00%	4.40%
13.20%	11.30%	19.00%	10.00%	11.90%	13.00%	11.40%	0.00%	0.00%	7.80%
83.90%	86.80%	69.00%	88.20%	77.60%	86.00%	81.50%	100.00%	100.00%	87.80%
0.70%	3.80%	19.00%	3.10%	8.40%	1.00%	6.20%	0.00%	0.00%	5.10%
15.20%	15.40%	25.00%	11.20%	18.30%	12.00%	13.30%	0.00%	0.00%	11.10%
30.10%	42.30%	31.00%	28.00%	42.30%	37.00%	42.40%	87.50%	100.00%	35.40%
53.90%	38.50%	25.00%	57.80%	31.00%	51.00%	38.10%	12.50%	0.00%	48.40%
1.60%	1.90%	12.00%	0.00%	7.60%	0.00%	6.30%	0.00%	0.00%	3.70%
11.90%	5.80%	19.00%	11.80%	7.60%	8.00%	9.30%	0.00%	50.00%	8.10%
19.80%	30.80%	25.00%	18.40%	39.40%	29.00%	32.50%	50.00%	0.00%	24.60%
66.70%	61.50%	44.00%	69.70%	45.40%	63.00%	51.90%	50.00%	50.00%	63.60%
3.10%	3.90%	6.00%	1.70%	10.10%	1.00%	7.10%	12.50%	0.00%	2.90%
10.20%	7.80%	25.00%	11.70%	15.90%	18.00%	11.30%	0.00%	0.00%	8.50%
86.70%	88.20%	69.00%	86.70%	74.00%	81.00%	81.60%	87.50%	100.00%	88.60%

Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Amer. Republic	Anthem BC-BS	Celtic	ConnectiCare
Q. Regarding your health plan, in the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials given or on the internet?					
A big problem	5.20%	15.00%	3.60%	21.70%	6.30%
A small problem	35.10%	22.00%	29.80%	17.40%	16.80%
Not a problem	59.80%	63.00%	66.60%	60.90%	76.80%
Q. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?					
A big problem	4.70%	21.00%	3.50%	21.90%	2.60%
A small problem	16.80%	4.00%	18.40%	17.10%	13.90%
Not a problem	78.50%	75.00%	78.10%	61.00%	83.50%
Q. Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?					
0	0.40%	10.00%	0.20%	4.20%	1.10%
1	0.00%	3.00%	0.00%	4.20%	0.30%
2	0.70%	7.00%	0.70%	2.10%	0.60%
3	2.20%	3.00%	0.50%	2.10%	2.00%
4	1.80%	3.00%	1.70%	10.40%	1.70%
5	11.80%	7.00%	5.60%	29.20%	7.30%
6	5.50%	14.00%	4.40%	6.20%	7.30%
7	16.50%	17.00%	11.70%	18.70%	15.60%
8	28.70%	17.00%	19.70%	10.40%	22.90%
9	16.20%	5.00%	23.10%	12.50%	20.90%
10	16.20%	14.00%	32.50%	0.00%	20.40%

CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark Life	Union Security	United
6.40%	5.90%	12.00%	7.70%	13.60%	13.00%	9.50%	0.00%	0.00%	10.00%
29.50%	35.30%	13.00%	36.90%	31.80%	38.00%	26.30%	25.00%	100.00%	28.80%
64.10%	58.80%	75.00%	55.40%	54.50%	50.00%	64.20%	75.00%	0.00%	61.20%
10.20%	7.80%	0.00%	10.70%	13.20%	13.00%	8.30%	12.50%	0.00%	14.00%
18.40%	15.70%	25.00%	31.00%	20.60%	25.00%	17.60%	12.50%	50.00%	18.30%
71.40%	76.50%	75.00%	58.40%	66.20%	63.00%	74.10%	75.00%	50.00%	67.70%
0.70%	0.00%	0.00%	2.10%	2.80%	0.00%	4.00%	0.00%	0.00%	3.00%
0.70%	1.90%	0.00%	2.10%	6.90%	3.00%	3.10%	0.00%	0.00%	3.00%
0.30%	7.50%	0.00%	1.00%	0.00%	2.00%	5.30%	0.00%	0.00%	1.90%
3.60%	7.50%	0.00%	4.10%	6.90%	2.00%	7.30%	0.00%	0.00%	3.00%
1.30%	0.00%	0.00%	3.10%	16.70%	3.00%	3.30%	12.50%	0.00%	4.70%
10.80%	9.40%	6.00%	12.40%	6.90%	10.00%	14.10%	12.50%	50.00%	13.30%
8.50%	18.90%	12.00%	9.30%	8.30%	14.00%	8.80%	25.00%	0.00%	7.50%
18.00%	18.90%	19.00%	20.60%	23.60%	19.00%	16.30%	25.00%	50.00%	14.30%
23.90%	23.50%	38.00%	19.10%	16.70%	22.00%	19.20%	0.00%	0.00%	20.30%
18.40%	5.90%	13.00%	18.60%	5.60%	12.00%	9.70%	25.00%	0.00%	15.70%
13.80%	7.50%	12.00%	7.70%	5.60%	11.00%	9.00%	0.00%	0.00%	13.30%

Glossary

Adverse determination: A *UR* decision to deny a healthcare service based on the information provided because it does not meet requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness.

Board certified physician: A physician who has passed an examination given by a medical board for a particular specialty.

Capitation: A *provider* payment method in which a *MCO* pays a fixed amount per month for each enrollee regardless of the number of services performed.

Case management: A process whereby enrollees with specific health needs are identified by the *MCO* and a plan of treatment is set up and monitored to achieve optimum patient outcome in a cost effective manner.

Center for Medicare & Medicaid Services (CMS): The federal agency responsible for administering the Medicare program, including Medicare risk contracts with *HMOs*, and overseeing each state's administration of the Medicaid program.

Coinsurance: A fixed percentage of the eligible medical expenses the enrollee is required to pay, in excess of any *deductible*.

Copayment: A flat fee that an enrollee is required to pay each time a specified service is rendered.

Credentialing: A process of review to include and maintain a *provider* as a *participating provider* in the *MCO's* network.

Deductible: The portion of eligible medical expenses in a calendar year that an enrollee must pay before any benefits are paid.

Drug formulary: A listing of prescription drugs that are preferred for use by the *MCO*. The physician is requested or required to prescribe formulary drugs unless there is a valid medical reason to use a nonformulary drug. There may be higher cost sharing for nonformulary drugs.

Emergency medical treatment: Treatment for a condition a prudent layperson reasonably believes requires immediate medical attention. Coverage is based on either the presenting symptoms or the final diagnosis, whichever reasonably indicates an emergency medical condition.

Employee Retirement Income Security Act of 1974 (ERISA): Federal law that sets regulatory standards for employer plans.

Fee for service: A *provider* payment method in which a *MCO* pays a fee for each service provided.

Fully insured plan: A plan that is backed by an insurance policy that provides benefits for a premium.

Gatekeeper plan: A plan that requires an enrollee to first seek treatment from a chosen *primary care physician* before seeing a specialist. The *primary care physician* must make referrals to specialists for the services to be covered under the plan.

Health maintenance organization (HMO): A company that provides, offers or arranges for coverage of health services needed by plan members for a fixed, prepaid premium. In Connecticut, such organizations are licensed as health care centers.

Indemnity MCO: A licensed non-HMO insurer that offers a managed care plan in Connecticut.

Indemnity plan: An insurance plan in which the enrollee is reimbursed at a specified level for covered expenses.

Individual practice association (IPA): An association of physicians that contracts with a *MCO* to provide health services.

Managed care: A system of health care delivery that attempts to manage the access, cost and quality of health care by monitoring how and in what manner services are provided.

Managed care organization (MCO): An insurer, health care center, hospital or other organization delivering a *managed care plan*.

Managed care plan: An insured health plan that uses *UR* and a network of *participating providers*.

Mandated benefit: Policy benefits that are required to be provided by statute.

Medical loss ratio: The ratio of incurred claims to earned premium, which represents the percent of the premium that is applied to medical expenses.

NCQA accreditation: National Committee on Quality Assurance is a not for profit organization that reviews quality and performance measures of *HMOs* and health plans thereby providing an external standard of accountability.

Network plan: A plan that requires an enrollee to seek care from a *provider* who is under contract with the *MCO* to receive the highest level of benefits. This would also include a plan that provides additional coverage for services by *providers* outside the network. The out of network option generally provides coverage at a lower level of benefits.

Participating provider: A provider who has a contract with the *MCO* to deliver medical services to enrollees for an agreed upon fee.

Point of service plan (POS): A network plan that allows an enrollee to seek treatment from a non-participating provider at a lower level of benefits.

Preferred provider organization (PPO): An independent network of *providers* that contracts with a *MCO* to provide health services. A PPO cannot market insured health insurance policies on its own unless it obtains a license as an insurer or health care center.

Preferred provider organization plan: A network plan that allows an enrollee to seek treatment from a non-participating provider at a lower level of benefits.

Primary care physician (PCP): A physician chosen by an enrollee to provide primary care. The plan may require the PCP to make referrals to specialists for the services to be covered under the plan.

Preauthorization: The process whereby the *MCO* requires services or plans of treatment to be approved before given.

Precertification: The process whereby the *MCO* requires services or plans of treatment to be approved before given.

Prior authorization: The process whereby the *MCO* requires services or plans of treatment to be approved before given.

Provider: A physician, hospital, nursing home, pharmacy, lab or any individual or group that provides a health care service.

Reasonable and customary fee: The commonly charged or prevailing fees for health services in a specific geographic area. *Indemnity plans* generally provide coverage for services based on the reasonable and customary fees. In addition to any *deductible* or *coinsurance* amount, an enrollee would be responsible for paying the *provider* the difference between the billed charge and the reasonable and customary charge if the billed charge was higher.

Referral: The request to the *MCO* by a *primary care physician* for an enrollee to receive care from a specialist, a non-participating provider or facility.

Self insured plan: A group plan in which the employer takes on the risk of claims. The employer will generally contract with a third party, often an insurance company, to handle the administration of the plan. Such plans are not regulated by the Insurance Department, but are subject to federal *ERISA* guidelines.

Utilization review (UR): The prospective or concurrent assessment of the necessity and appropriateness of health care services and treatment plans. Requests for clarification of covered services under an insurance policy are not considered *UR*.

Utilization review company (URC): A company, organization or other entity licensed in Connecticut to perform *UR*. Agencies of the federal and state government are not considered *URC* under Connecticut General Statutes.

**Additional licensed companies that offer a managed care plan in Connecticut but were not included in this guide.
The same information found in this guide, is available directly from the companies or at the offices of the Insurance Department.**

Alta Health & Life Insurance Company

8525 E. Orchard Road
Greenwood Village, CO 80111
1-800-663-8081

Genworth Life & Health Insurance Company

175 Addison Road, P.O. Box 725
Windsor, CT 06095-0725
1-800-451-2513

Trustmark Insurance Company

400 Field Drive
Lake Forest, IL 60045
1-800-544-7312

Unicare Life & Health Insurance Company

233 S. Wacker Drive, Suite 3900
Chicago, IL 60606
1-800-234-0111

Note: Some companies may be servicing existing business and not currently issuing new business.

Managed Care Plan Comparison Worksheet

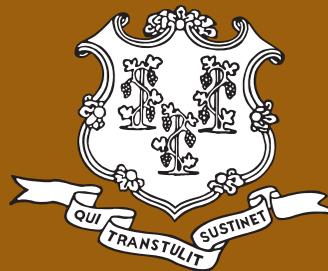
In addition to this guide, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

	Option 1	Option 2	Option 3	Option 4	Option 5
MCO Name					
Plan's network includes my current physician					
Plan's network includes the hospital that I prefer					
Plan is a "gatekeeper" plan					
Physician Office Visit Copayment					
Specialist Physician Office Visit Copayment					
Emergency Care Copayment					
Urgent Care Copayment					
Inpatient Per Confinement Copayment					
Outpatient Surgical Facility Copayment					
Family Planning Coverage Included					
Prescription Drug Coverage Included					
Brand Name/Generic Copayment					
Hospice Care Coverage Included					
Physical Therapy Coverage Included					
Level of Durable Medical Equipment Included					
Routine Eye Exam Coverage Included					
Routine Hearing Exam Coverage Included					
Organ and Tissue Transplant Coverage Included					
Benefit features meet my needs (<i>Review Plan Benefits</i>)					
If Out of Network Coverage Included					
Deductible – Individual/Family					
Coinsurance					
Lifetime Maximum Benefit					

The worksheet does not include mandated benefits, since they must be included in all *managed care plans* issued in Connecticut.

Where to Find Help Or Additional Information

AGENCY	TYPE OF COMPLAINT OR INQUIRY	ADDRESS	TELEPHONE NUMBER(S)	WEBSITE
Insurance Department Consumer Affairs Division	Insurance policies, companies, producers and external appeals	Mail Address: P.O. Box 816 Hartford, CT 06142-0816 Street Address: 153 Market Street Hartford, CT 06103	(800) 203-3447 (toll free) (860) 297-3900	http://www.ct.gov/cid
Office of the Healthcare Advocate	Managed care problems or questions	Mail Address: P.O. Box 1543 Hartford, CT 06144 Street Address: 153 Market Street Hartford, CT 06103	(866) HMO-4446 (toll free)	http://www.ct.gov/oha
Department of Public Health	Providers	410 Capitol Avenue Hartford, CT 06134	(800) 842-0038 (toll free)	http://www.dph.state.ct.us
Office of Health Care Access	Medical Facilities Provider Networks	410 Capital Avenue Hartford, CT 06134	(800) 797-9688 (toll free)	http://www.ct.gov/ohca
U.S. Department of Labor	Employer self funded or self insured health plans	Pension & Welfare Benefits Bowdoin Square, 7th floor Boston, MA 02114	(617) 565-9600	http://www.dol.gov
National Committee for Quality Assurance (NCQA)	Quality Measures		(800) 839-6487 (toll free) (888) 275-7585 (toll free)	http://www.ncqa.org



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

www.ct.gov/cid
1-800-203-3447