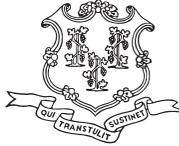


*Consumer Report Card
on Health Insurance
Carriers in Connecticut*



October 2011



Dear Health Insurance Customer:

Choosing the right health insurance coverage for you and your family can be difficult and confusing. Therefore, the Connecticut Insurance Department (CID) is pleased to provide you with the latest edition of your Consumer Report Card. This Report Card is designed to help you compare Health Maintenance Organizations – commonly referred to as HMOs – and the 15 insurers with the highest premium volume in Connecticut, that offer Managed Care Plans. It will help you compare overall customer satisfaction and review benefit usage amongst the Managed Care Organizations in Connecticut.

The CID is a state agency that is statutorily required to regulate the insurance industry. As regulators, our only interest is to provide you with the most accurate and unbiased information available. In an effort to help focus your decision-making, we have included a Worksheet that lists the criteria that the Department believes are most critical in determining which health plan is right for you. I urge you to work with your insurer or independent agent to help pick the plan that is most appropriate for the needs of you and your family.

Connecticut residents are fortunate to have many health insurance options. Therefore, you will find that companies offer various benefits at different prices based on a variety of factors. It is my hope that you will take a few minutes to consider the information contained in this Report Card and to complete the Worksheet. Doing so may make the difference in helping you to choose the right company for you and your family.

Sincerely,

Thomas B. Leonardi
Insurance Commissioner

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About This Report Card

The information in this report card is based on data provided by the MCOs as of year end 2010. This report card 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 report card, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

Q. What types of plans are covered in this comparison?

A. Managed Care Plans offered by HMOs or traditional indemnity companies. These plans attempt to manage the access, cost and quality of health care by promoting early detection and preventive care under the supervision of a primary care physician (PCP) who participates in the managed care plan's network.

Q. How does the Department get its information for this Report Card?

A. The Department sends a series of surveys to the companies. Their answers to our questions are summarized and included in this Report Card.

Q. Who can I call if I have questions about the information contained in this Report Card?

A. The Insurance Department's Consumer Affairs Division at 1-800-203-3447.

Q. Does this Report Card evaluate all benefit options?

A. No. Because different plans provide different benefits, it would be nearly impossible to do so. Also, many benefits are mandated by law and therefore would be the same across plans.

Q. Who can I call if I have questions about specific benefit options?

A. Your employer, your insurer, or your independent agent.

Q. Does this Report Card include information regarding Medicare, Medicaid and other entitlement programs?

A. No.

Consider the following factors when evaluating your options:

- Does the participating network include your current physicians, hospitals, or pharmacies?
- Are the plan's participating providers convenient in location to your home or office?
- Does the plan include an option for seeing a provider outside of the plan's network?
- Does the plan provide the health services that you are most likely to need?
- What copayments, coinsurance, or deductibles will you be responsible for paying?
- What is the premium or employee contribution?

Managed Care Plan Comparison Worksheet

In addition to this report card, 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.

Health Benefit Plan Statutes

SUBJECT	INDIVIDUAL STATUTE	GROUP STATUTE	SUBJECT	INDIVIDUAL STATUTE	GROUP STATUTE
Pre-Existing Condition Waiver	38a-476	38a-476	Extend isolation & emergency services to mobile field hospitals	38a-498b	38a-525b
Post-claims underwriting	38a-477b	38a-477b	Health Care Services to Residents with Elevated Blood Alcohol Levels	38a-498c	38a-525c
Medical necessity	38a-482a	38a-513c	Mammography/Breast Cancer Screening	38a-503	38a-530
Regulating limited benefit medical plans	38a-482b	38a-513d	Maternity Care & Postpartum Care (48/96 hrs)	38a-503c	38a-530c
Experimental Treatments	38a-483c	38a-513b	Mastectomy or Lymph Node Dissection (48 hrs)	38a-503d	38a-530d
Benefits for Mental Illness	38a-488a	38a-514	Prescription Birth Control	38a-503e	38a-530e
Therapies for treatment of autism spectrum	38a-488b	38a-514b	Preventive Pediatric Care		38a-535
Continuation for Mentally or Physically Handicapped Children	38a-489	38a-515	Blood screening added to preventive pediatric	38a-490d	38a-535(b)
Newborn Infants	38a-490	38a-516	Notice of Cancellation of Group Coverage		38a-537
Birth-To-Three Program (Early Intervention Services)	38a-490a	38a-516a	Policy to Allow Spouse Coverage as Both Dependent and Employee		38a-541
Hearing Aids for Children 12 and Younger	38a-490b	38a-516b	Tumors and Leukemia/Breast Implant Removal & Reconstruction, oral chemotherapy	38a-504	38a-542
Craniofacial Disorders	38a-490c	38a-516c	Cancer Clinical Trials	38a-504a-g	38a-542a-g
Coverage for In-patient Dental	38a-491a	38a-517a	OON facility during treatment in a clinical trials	38a-504d	38a-542d
Accidental Ingestion of a Controlled Drug	38a-492	38a-518	Age Discrimination-Small Group less than 20 Employees		38a-543
Coverage for Hypodermic Needles and Syringes	38a-492a	38a-518a	Continuation of Coverage		38a-546
Cancer Drugs Not to be Excluded	38a-492b	38a-518b	Coverage for Prospective Adoptive Children	38a-508	38a-549
Coverage for Prescription Foods/Formula	38a-492c	38a-518c	Infertility Treatment & Procedures	38a-509	38a-536
Coverage for Diabetes	38a-492d	38a-518d	Prescription Drug- mail order prohibition	38a-510	38a-544
Diabetes Outpatient Self-Management Training	38a-492e	38a-518e	Access to Imaging Services	38a-511	38a-550
Screening for Prostate Cancer	38a-492g	38a-518g	Continuation, Extension & Conversion Rights		38a-554
Lyme Disease Treatment	38a-492h	38a-518h	Group specified disease benefit		38a-513d
Pain Management	38a-492i	38a-518i	New Public Acts for 2011		
Ostomy Appliances and Supplies	38a-492j	38a-518j	Healthcare reform changes	PA11-58	PA11-58
Colorectal Cancer Screening	38a-492k	38a-518k	Mammography revision	PA11-67 s.1	PA11-67 s.2
Developmental Needs of Children & Youth with Cancer	38a-492l	38a-516d	Revision to colorectal cancer screening	PA11-83 s.1	PA11-83 s.2
Requiring coverage for wound care for individuals with epidermolysis bullosa	38a-492n	38a-518m	Coverage for bone marrow testing	PA11-88 s.1	PA11-88 s.2
Home Health Care	38a-493	38a-520	Revision to coverage for pain treatment	PA11-169 s.1	PA11-169 s.2
Definition Of dependent child to 26	38a-497	38a-554	Extending notification time on birth of a child	PA11-171 s.1	PA11-171 s.2
Ambulance Service	38a-498	38a-525	Revision to include routine costs for certain clinical trials	PA11-172	PA11-172
			Revision to ostomy supplies	PA11-204 s.1	PA11-204 s.2
			Revision to prostate screening	PA11-225	PA11-225

This listing is not an official itemization of all applicable laws and regulations. Although attempts have been made to ensure that this list is all inclusive, the Department does not take any responsibility for any decisions that are made on the basis of a potential oversight on its behalf. If you have a specific area that is of interest, you are strongly encouraged to fully research that issue or contact the Department.

Managed Care Organizations Included in this Report Card

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	Trustmark Insurance Co.
Trustmark Life	Trustmark Life Insurance Co.
United	UnitedHealthCare 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.

Web Sites

Company Name	Web Site Address
Aetna Health, Inc. of CT	www.aetna.com
Aetna Life Insurance Co.	www.aetna.com
American Republic Insurance Co.	www.aric.com
Anthem Blue Cross & Blue Shield of CT, Inc.	www.anthem.com
Celtic Insurance Co.	www.celtic-net.com
CIGNA HealthCare of CT, Inc.	www.cigna.com
CIGNA Health & Life Insurance Co.	www.cigna.com
Connecticut General Life Insurance Co.	www.cigna.com
ConnectiCare, Inc.	www.connecticare.com
ConnectiCare Insurance Co.	www.connecticare.com
Golden Rule Insurance Co.	www.goldenrule.com
Guardian Life Insurance Co. of America	www.guardianlife.com
Health Net of CT, Inc.	www.healthnet.com
Health Net Insurance of CT, Inc.	www.healthnet.com
John Alden Life Insurance Co.	www.assuranthealth.com
Oxford Health Plans (CT), Inc.	www.oxhp.com
Oxford Health Insurance Co.	www.oxhp.com
Time Insurance Co.	www.assuranthealth.com
Trustmark Insurance Co.	www.trustmarkinsurance.com
Trustmark Life Insurance Co.	www.trustmarkinsurance.com
Union Security Insurance Co.	www.assuranthealth.com
UnitedHealthcare Insurance Co.	www.uhc.com

Note: Individuals may also contact a producer in their area for additional assistance in finding health insurance coverage.

Health Maintenance Organizations

HMO	Address	CUSTOMER SERVICE INFORMATION			Does the HMO market to individuals?
		Customer Service Phone Number	Days of the week the phone is staffed	Hours the phone is staffed	
Aetna Health, Inc.	151 Farmington Ave. Hartford, CT 06156	Varies by group	Monday-Friday	8:00am-6:00pm	No
Anthem Blue Cross & Blue Shield of CT, Inc.	370 Bassett Road North Haven, CT 06473	multiple numbers	Monday-Friday	8:00am-5:00pm	Yes
CIGNA HealthCare of CT., Inc.	900 Cottage Grove Road Hartford, CT 06152	1-800-244-6224	Sunday-Saturday	24 hours per day	No
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	Yes
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	No
Oxford Health Plans (CT), Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222 (member) 1-800-666-1353 (provider)	Monday-Friday	8:00am-6:00pm	No

Health Maintenance Organizations

Fully Insured Enrollment	Other Enrollment	Total Enrollment	Level of NCQA Accreditation Achieved ¹
44,856	9,575	54,431	Excellent
97,804	191,386	289,190	Excellent
36,731	0	36,731	Excellent
128,147	0	128,147	Excellent
26,146	63,829	89,975	Excellent
24,078	2,869	26,947	Excellent

1) National Committee for Quality Assurance (NCQA)

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

Levels of Accreditation

Excellent - awarded to Organizations with programs for service and clinical quality that meet or exceed rigorous requirements for consumer protection and quality improvement. The organization must also achieve HEDIS results in the highest range of performance.

Commendable - awarded to organizations with well-established programs for service and clinical quality that meet rigorous requirements for consumer protection and quality improvement.

Accredited - awarded to organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement.

Organizations awarded this status must take further action to achieve a higher accreditation status.

Provisional - awarded to organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement.

Organizations awarded this status must take significant action to achieve a higher accreditation status.

Denied - given to an organization whose programs for service and clinical quality did not meet NCQA requirements during the Accreditation survey.

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. 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	1-800-478-7800	Monday-Friday	9:00am-6:00pm
ConnectiCare Insurance Company 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	1-800-244-6224	Sunday-Saturday	24 hours per day
Golden Rule Insurance Company	7440 Woodland Drive Indianapolis, IN 46278-1719	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. New York, NY 10004	1-800-873-4542	Monday-Friday	8:00am-6:30pm
Health Net Life Insurance Company	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 53201-3050	1-800-800-1212	Monday-Friday	8:00am-7:00pm
Oxford Health Insurance, Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222 (member) 1-800-666-1353 (provider)	Monday-Friday	8:00am-6:00pm
Time Insurance Company	501 West Michigan St. Milwaukee, WI 53201-3050	1-800-800-1212	Monday-Friday	8:00am-7:00pm
Trustmark Insurance Company	400 Field Drive Lake Forest, IL 60045	1-800-366-6663	Monday-Friday	7:00am-6:00pm
Trustmark Life Insurance Company	400 Field Drive Lake Forest, IL 60045	1-800-366-6663	Monday-Friday	7:00am-6:00pm
UnitedHealthCare Insurance Company	185 Asylum Avenue Hartford, CT 06103-3408	1-866-633-2446	Monday-Friday	8:00am-8:00pm

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

Indemnity Managed Care Organizations

Does the plan market to individuals?	Fully Insured Enrollment	Other Enrollment	Total Enrollment ¹	Level of NCQA Accreditation Achieved
Yes	179,602	342,539	522,141	Full Accreditation
Yes	68	0	68	NA
Yes	236,198	861,184	1,097,382	NA
Yes	372	0	372	NA
Yes	18,688	33,282	51,970	NA
Yes	73,744	87,900	161,644	NA
Yes	21,097	0	21,097	NA
No	49	0	49	NA
No	6,703	19,974	26,704	NA
Yes	509	0	509	NA
No	86,229	0	86,229	Full Accreditation
Yes	2,408	0	2,408	NA
No	5	0	5	NA
No	11	1,961	1,972	NA
No	111,344	139,973	251,317	Excellent

1) National Committee for Quality Assurance (NCQA)

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

Levels of Accreditation

Excellent - awarded to Organizations with programs for service and clinical quality that meet or exceed rigorous requirements for consumer protection and quality improvement. The organization must also achieve HEDIS results in the highest range of performance.

Commendable - awarded to organizations with well-established programs for service and clinical quality that meet rigorous requirements for consumer protection and quality improvement.

Accredited - awarded to organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement. Organizations awarded this status must take further action to achieve a higher accreditation status.

Provisional - awarded to organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement. Organizations awarded this status must take significant action to achieve a higher accreditation status.

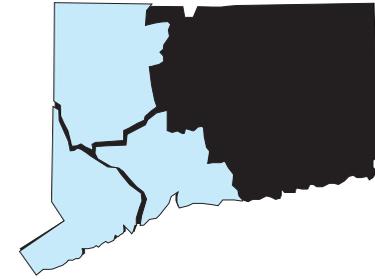
Denied - given to an organization whose programs for service and clinical quality did not meet NCQA requirements during the Accreditation survey.

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

¹Only applies to managed care plans issued in Connecticut.

Health Maintenance Organizations

Number of Providers Located in Each Connecticut County



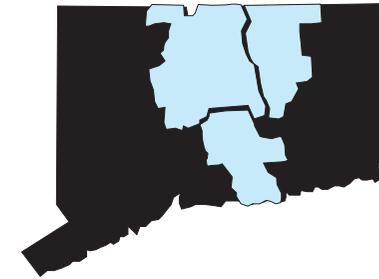
HMO	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	880	1,814	6	146	1,037	2,260	7	168	133	299	3	38
Anthem BC-BS	714	1,457	6	154	692	2,004	7	169	94	161	3	39
CIGNA	876	1,832	6	149	927	2,495	7	167	119	197	3	39
ConnectiCare	893	1,562	6	152	1,249	2,659	7	168	133	216	3	39
Health Net	812	2,056	6	155	799	3,388	7	169	98	223	3	40
Oxford	976	1,152	6	155	921	1,527	7	173	121	119	3	40

Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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	929	1,976	7	162	114	221	2	22	186	291	1	32
Anthem BC-BS	775	1,845	7	171	76	61	2	24	123	210	1	36
CIGNA	922	2,263	7	168	74	99	2	21	159	219	1	33
ConnectiCare	1,205	2,673	7	170	73	79	2	24	158	148	1	36
Health Net	814	2,384	7	173	78	130	2	24	118	230	1	34
Oxford	1,003	1,516	7	175	79	43	2	24	146	140	1	35

Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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



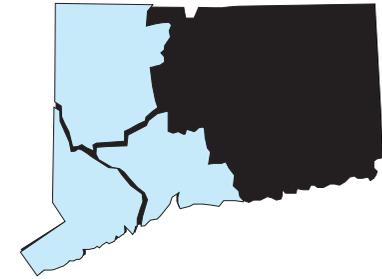
HMO	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	199	440	2	47	117	181	2	21	3,595	7,482	30	636
Anthem BC-BS	164	344	2	48	77	101	2	21	2,715	6,183	30	662
CIGNA	164	406	2	48	99	156	2	21	3,340	7,667	30	646
ConnectiCare	112	320	2	48	65	89	2	22	3,888	7,746	30	659
Health Net	228	552	2	49	103	169	2	22	3,050	9,132	30	666
Oxford	215	246	2	50	92	66	2	23	3,553	4,809	30	675

Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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.

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	880	1,814	6	146	1,037	2,260	7	168	133	299	3	38
American Republic	761	807	6	154	1,100	1,132	7	169	80	61	3	39
Anthem BC-BS	750	1,562	6	154	711	2,102	7	169	96	170	3	39
Celtic	621	1,330	6	7	825	2,071	7	22	87	140	3	3
ConnectiCare	893	1,562	6	152	1,249	2,659	7	168	133	216	3	39
CT General	876	1,832	6	149	927	2,495	7	167	119	197	3	39
Golden Rule	976	1,152	6	155	921	1,527	7	173	121	119	3	40
Guardian	621	1,330	6	149	825	2,071	7	170	87	140	3	40
Health Net	806	2,052	6	155	793	3,328	7	171	98	220	3	40
John Alden	420	1,360	5	149	576	1,456	6	170	87	207	3	38
Oxford Health	976	1,152	6	155	921	1,527	7	173	121	119	3	40
Time	420	1,360	5	149	576	1,456	6	170	87	207	3	38
Trustmark	621	1,330	6	156	825	2,071	7	170	87	140	3	40
Trustmark Life	880	1,817	6	146	1,037	2,264	7	168	133	299	3	38
United	976	1,152	6	155	921	1,527	7	173	121	119	3	40

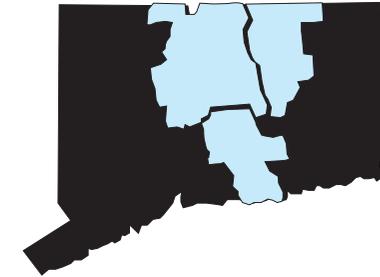
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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	929	1,976	7	162	114	221	2	22	186	291	1	32
American Republic	1,106	887	8	171	83	28	1	24	96	70	1	36
Anthem BC-BS	787	1,938	7	171	76	65	2	24	125	223	1	36
Celtic	658	2,380	7	21	60	80	2	1	76	198	1	0
ConnectiCare	1,205	2,673	7	170	73	79	2	24	158	148	1	36
CT General	922	2,263	7	168	74	99	2	21	159	219	1	33
Golden Rule	1,003	1,516	7	175	79	43	2	24	146	140	1	35
Guardian	658	2,380	7	175	60	80	2	26	76	198	1	32
Health Net	813	2,346	7	178	78	130	2	24	118	230	1	35
John Alden	863	2,570	9	159	81	118	2	22	128	219	1	33
Oxford Health	1,003	1,516	7	175	79	43	2	24	146	140	1	35
Time	863	2,570	9	159	81	118	2	22	128	219	1	33
Trustmark	658	2,380	7	175	60	80	2	24	76	198	1	35
Trustmark Life	929	1,976	7	162	114	221	2	22	186	291	1	32
United	1,003	1,516	7	175	79	43	2	24	146	140	1	35

Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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	199	440	2	47	117	181	2	21	3,595	7,482	30	636
American Republic	154	109	2	48	72	33	2	21	3,452	3,127	30	662
Anthem BC-BS	173	371	2	48	83	117	2	21	2,801	6,548	30	662
Celtic	156	364	2	5	67	103	2	0	2,550	6,666	30	59
ConnectiCare	112	320	2	48	65	89	2	22	3,888	7,746	30	659
CT General	164	406	2	48	99	156	2	21	3,340	7,667	30	646
Golden Rule	215	246	2	50	92	66	2	23	3,553	4,809	30	675
Guardian	156	364	2	49	67	103	2	23	2,550	6,666	30	664
Health Net	227	548	2	50	102	170	2	23	3,035	9,024	30	676
John Alden	152	411	2	48	83	128	2	21	2,390	6,469	30	640
Oxford Health	215	246	2	50	92	66	2	23	3,553	4,809	30	670
Time	152	411	2	48	83	128	2	21	2,390	6,469	30	640
Trustmark	156	364	2	49	67	103	2	22	2,550	6,666	30	671
Trustmark Life	199	440	2	47	117	181	2	21	3,595	7,489	30	636
United	215	246	2	50	92	66	2	23	3,553	4,809	30	675

Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

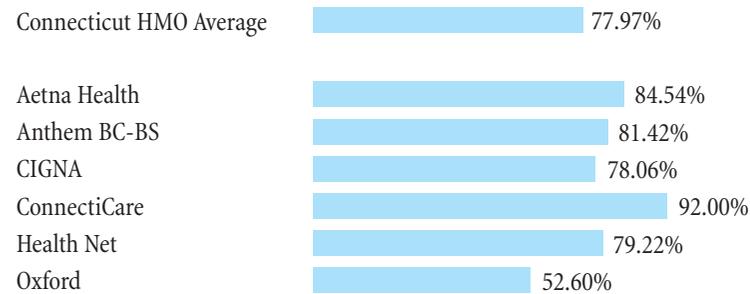
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more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

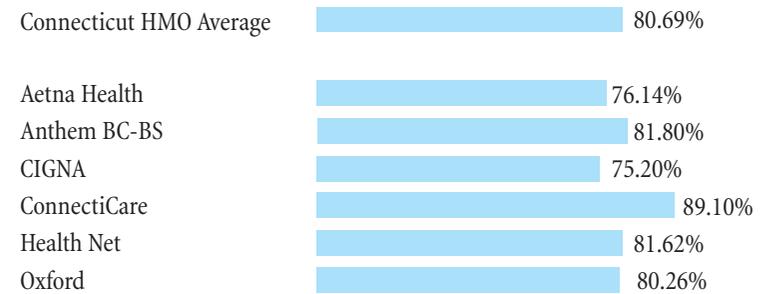
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the HMO's provider network who were board certified as of December 31, 2010.



Percentage of Physician Specialists Who Are Board Certified

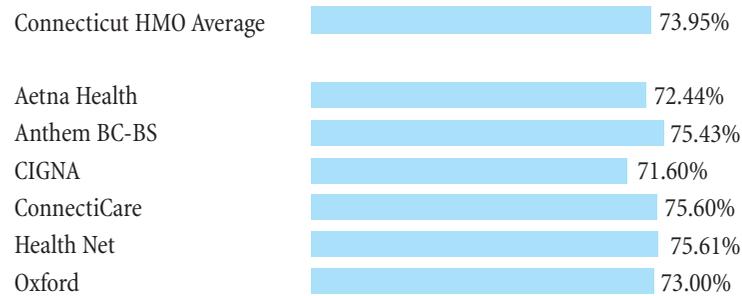
The percentage of physician specialists in the HMO's provider network who were board certified as of December 31, 2010.



Quality Measures

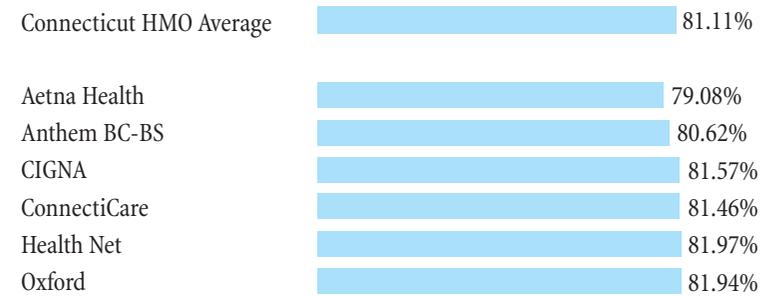
Breast Cancer Screening

The percentage of enrolled women who: (a) were age 40 through 69 years as of December 31, 2010; and (b) were continuously enrolled during 2009 and 2010; and (c) had a mammogram during 2009 or 2010.



Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 21 through 64 years as of December 31, 2010; and (b) were continuously enrolled during 2008, 2009 or 2010; and (c) received one or more Pap tests during 2008, 2009 or 2010.

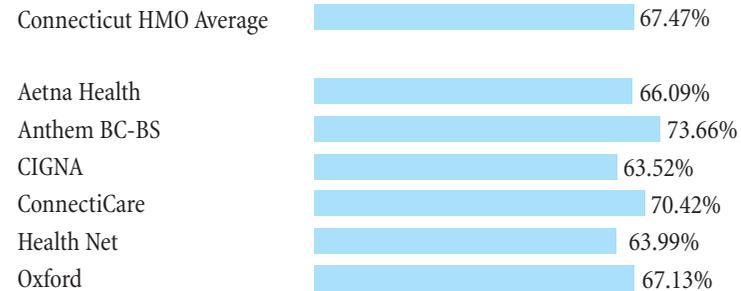


Quality Measures

Colorectal Cancer Screening

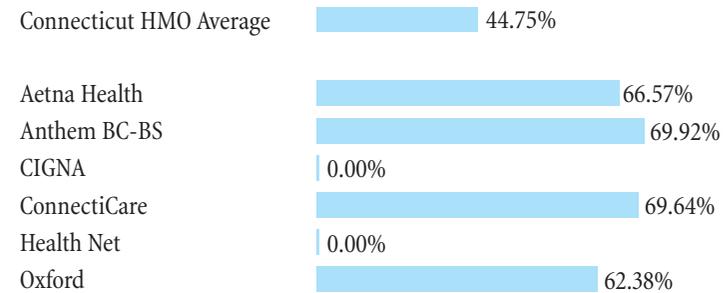
The percentage of members 50-75 who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any of the following criteria:

- a) Fecal occult blood test (FOBT) during 2010.
- b) Flexible sigmoidoscopy during 2010 or the 4 years prior to 2010.
- c) Colonoscopy during 2010 or the 9 years prior to 2010.



Controlling High Blood Pressure

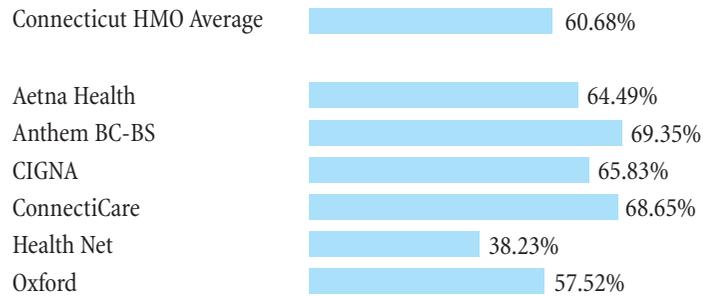
The percentage of members who: (a) were age 18 through 85 years as of December 31, 2010; and (b) were diagnosed with hypertension (HTN); and (c) whose blood pressure was adequately controlled (<140/90) during 2010.



Quality Measures

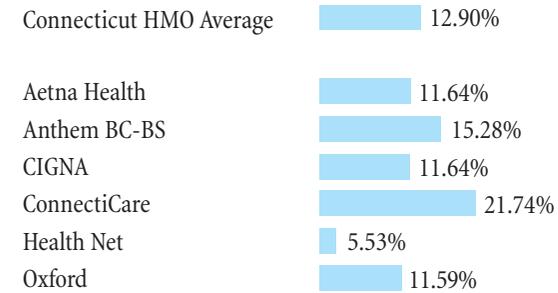
Cholesterol Management for Patients with Cardiovascular Disease

The percentage of enrolled members age 18 through 75 years as of December 31, 2010 who: (a) were discharged alive for acute myocardial infarction, coronary artery bypass graft, or percutaneous transluminal coronary angioplasty between January 1 and November 1, 2009; or (b) who had a diagnosis of ischemic vascular disease during 2010 or 2009; and (c) who had a LDL-C screening and an LDL-C control (<100mg/dl) during 2010



Childhood Immunizations

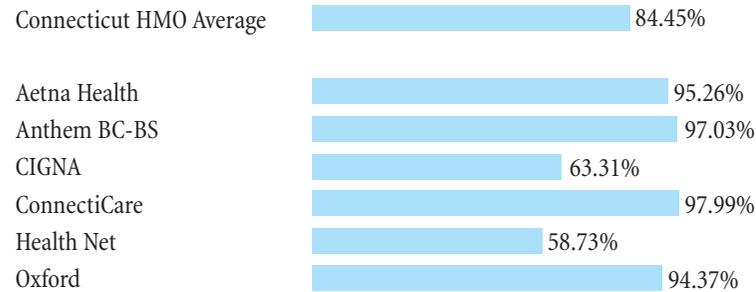
The percentage of enrolled children who: (a) turned two years old during 2010; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, hepatitis a and rotavirus are included in this measure.



Quality Measures

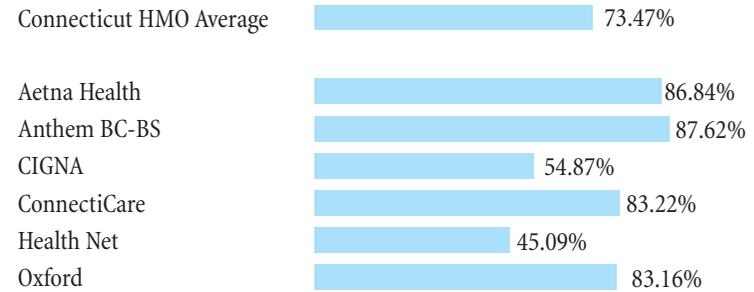
Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2009 and November 5, 2010; 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

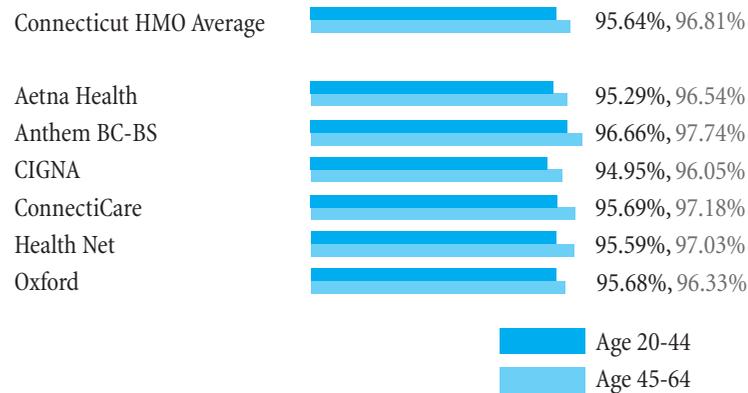
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Quality Measures

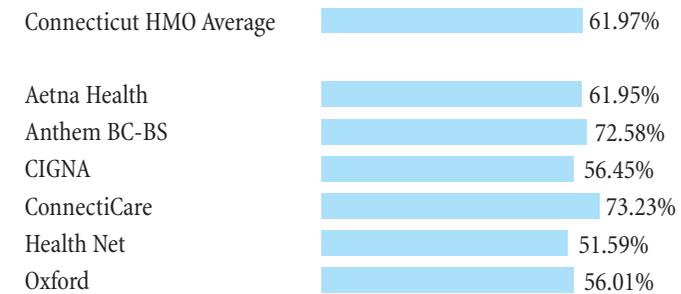
Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2010 who (a) were continuously enrolled in the plan during 2008, 2009 and 2010; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2008, 2009 or 2010.



Eye Exams for People with Diabetes

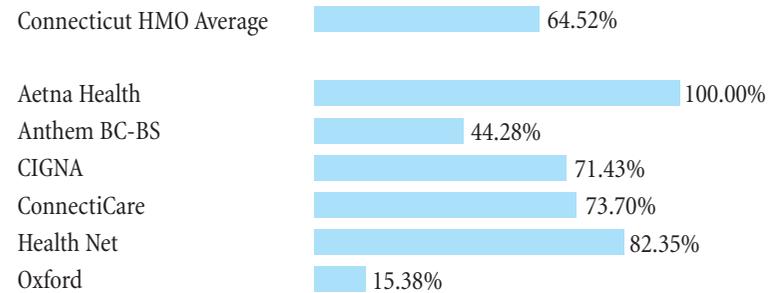
The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2010; and (b) turned 18 through 75 years of age during 2010; and (c) were continuously enrolled during 2010; and (d) had an eye examination in 2009 or 2010.



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, 2010; and (b) were hospitalized and discharged alive between January 1, 2010 and December 24, 2010; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.



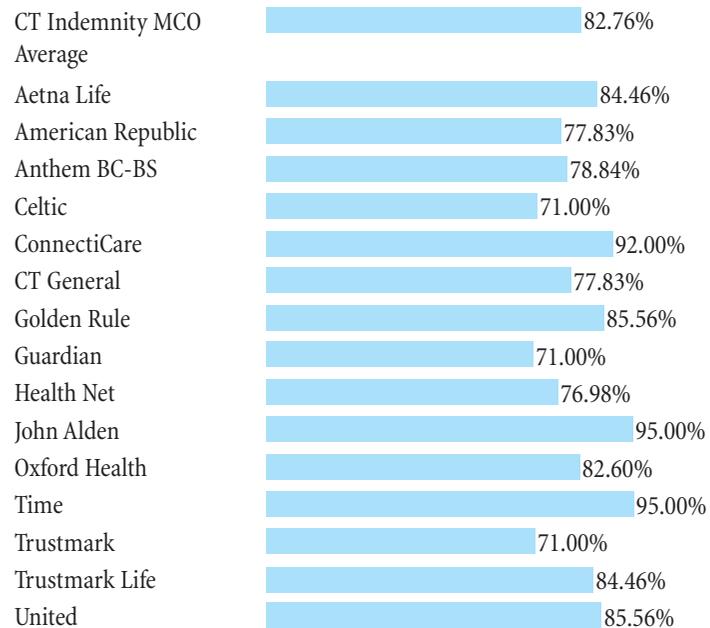
Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2010	Average cost per prescription	Average annual number of prescriptions per member per year	Percentage of reported plans with prescription coverage
Aetna Health	\$45,695,191	\$74.04	11.43	96.40%
Anthem BC-BS	\$143,808,927	\$78.10	12.49	46.50%
CIGNA	\$26,496,256	\$79.76	10.24	99.00%
ConnectiCare	\$129,002,151	\$67.24	12.16	99.00%
Health Net	\$52,328,300	\$88.47	11.50	80.00%
Oxford	\$12,653,930	\$80.38	11.83	97.00%

Quality Measures

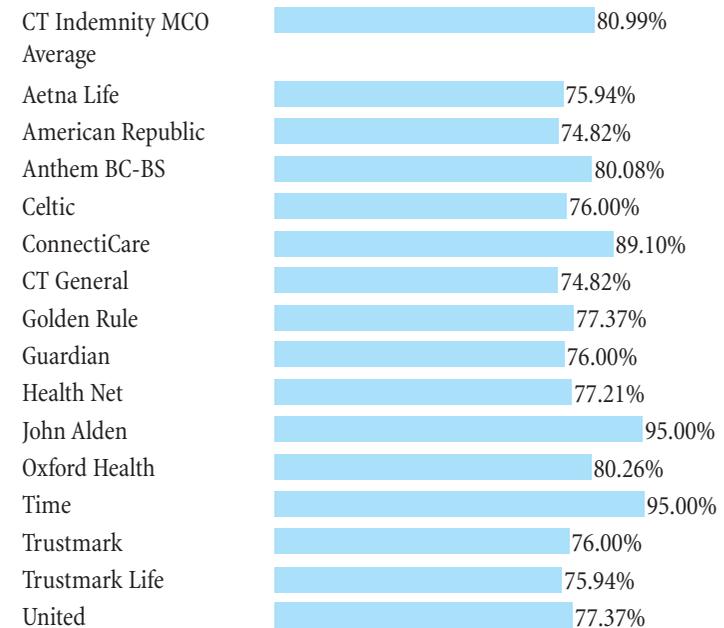
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Percentage of Physicians Specialist Who Are Board Certified

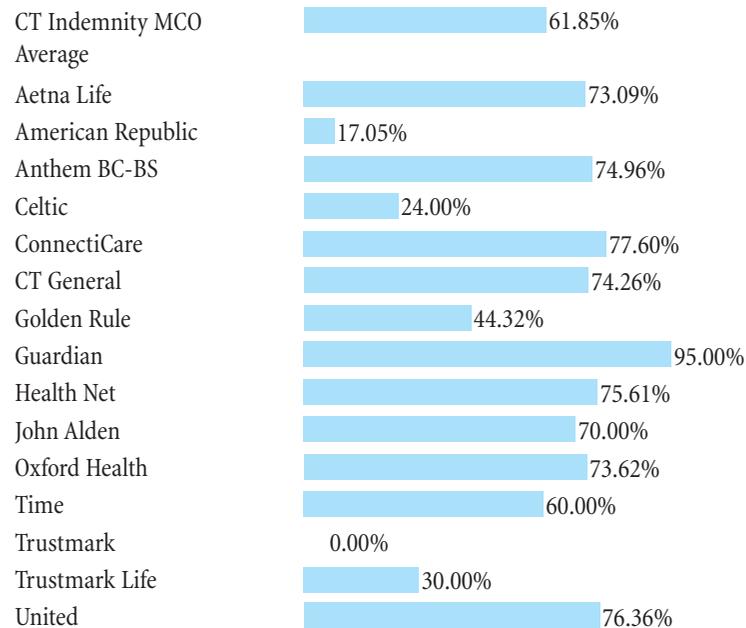
The percentage of physician specialists in the MCO's provider network who were board certified as of December 31, 2010.



Quality Measures

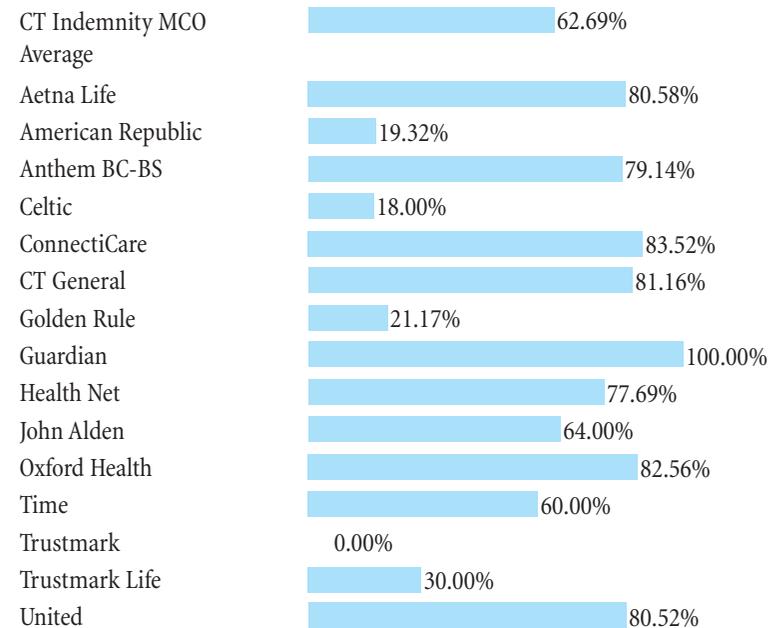
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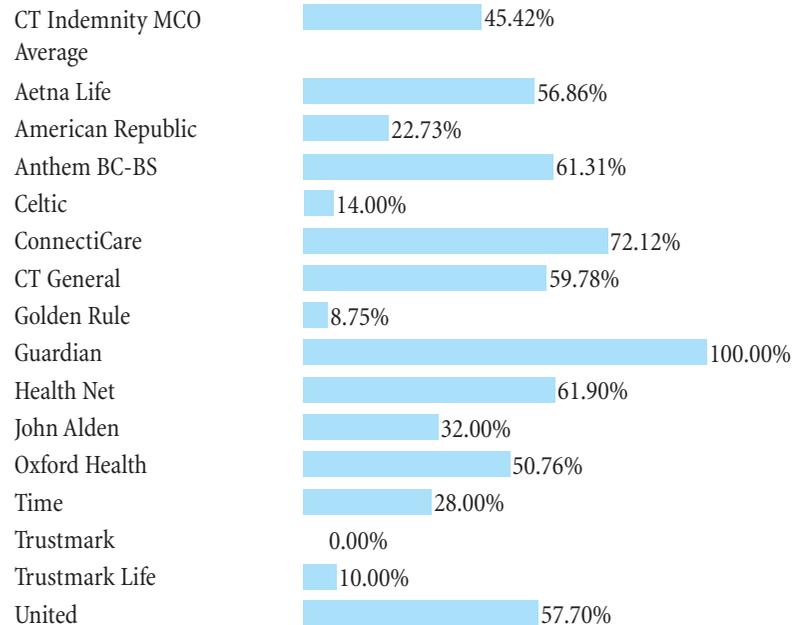


Quality Measures

Colorectal Cancer Screening

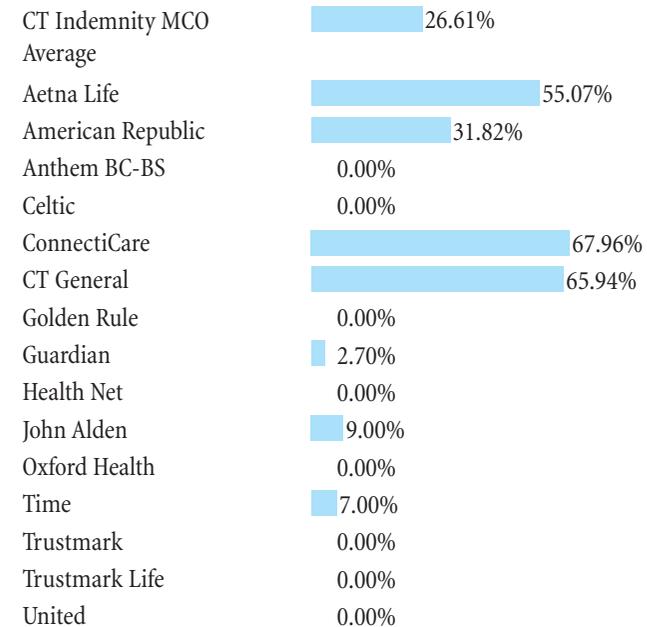
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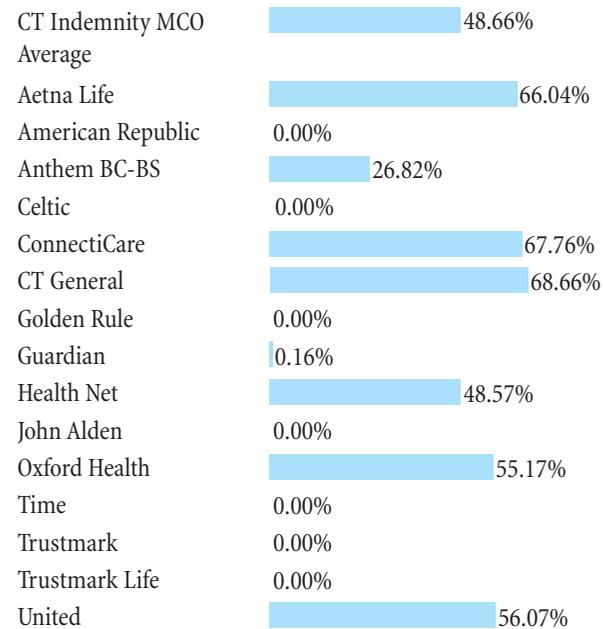
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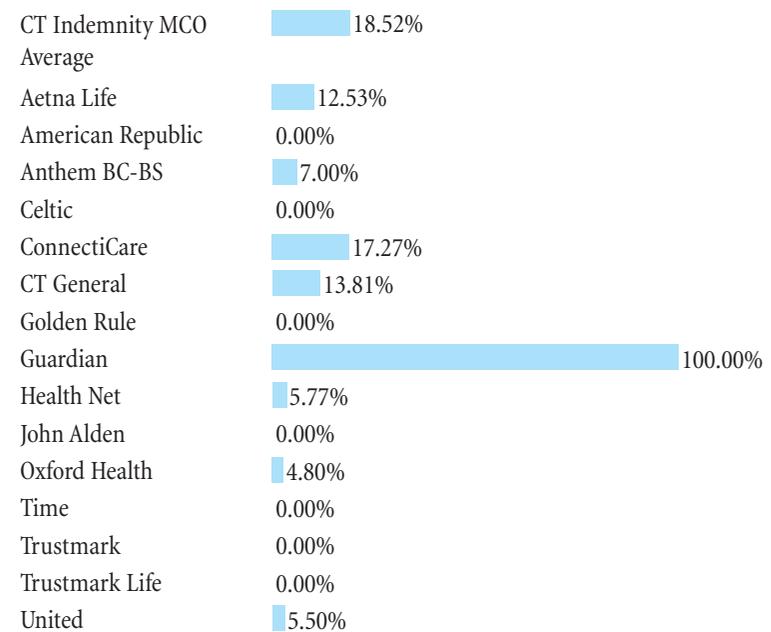
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Childhood Immunizations

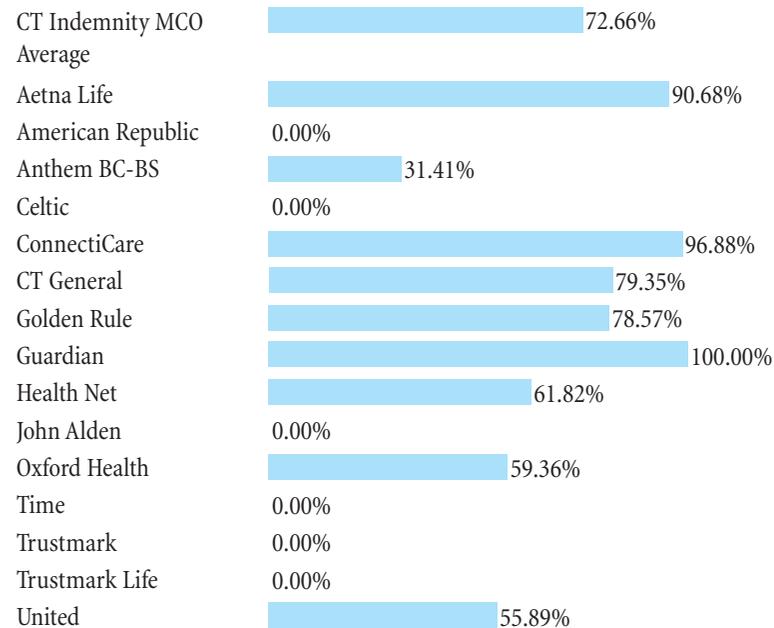
The percentage of enrolled children who: (a) turned two years old during 2010; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox and pneumococcal, hepatitis a and rotavirus are included in this measure.



Quality Measures

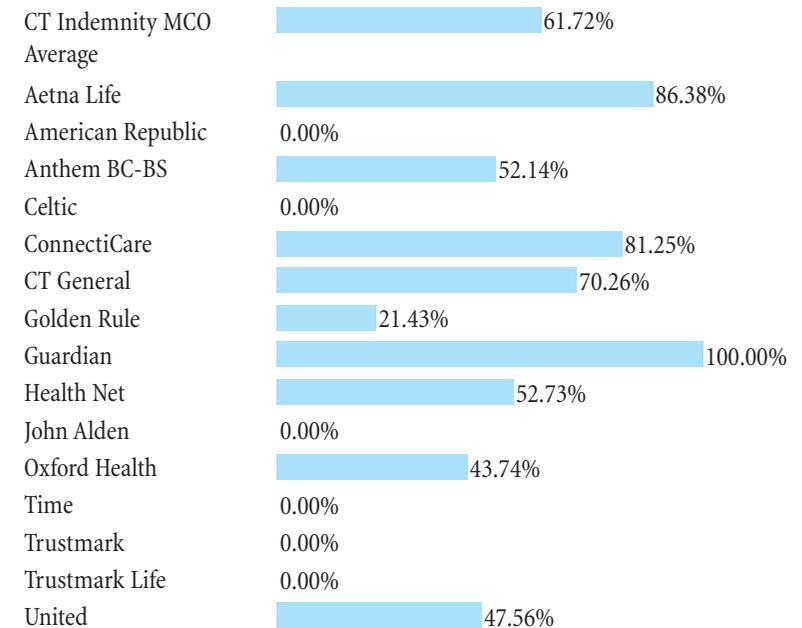
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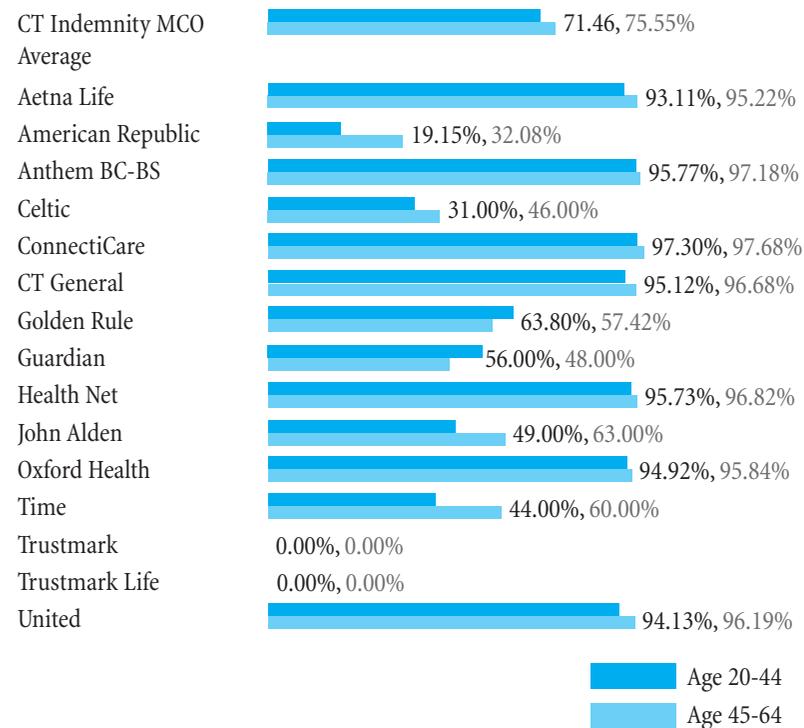
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Quality Measures

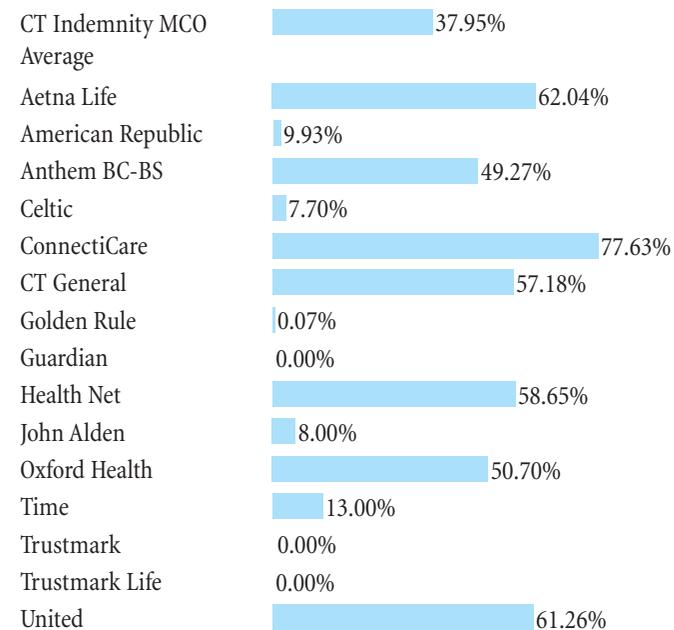
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The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2010; and (b) turned 18 through 75 years of age during 2010; and (c) were continuously enrolled during 2010; and (d) had an eye examination in 2009 or 2010.



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, 2010; and (b) were hospitalized and discharged alive between January 1, 2010 and December 24, 2010; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.

CT Indemnity MCO	67.99%
Average	
Aetna Life	52.78%
American Republic	0.00%
Anthem BC-BS	56.48%
Celtic	0.00%
ConnectiCare	66.67%
CT General	75.00%
Golden Rule	0.13%
Guardian	0.00%
Health Net	100.00%
John Alden	0.00%
Oxford Health	81.82%
Time	0.00%
Trustmark	0.00%
Trustmark Life	0.00%
United	43.07%

Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2010	Average cost per prescription	Average annual number of prescriptions per member per year	Percentage of reported plans with prescription coverage
Aetna Life	\$132,545,499	\$76.99	11.03	96.20%
American Republic	\$170,971	\$110.66	0.01	99.00%
Anthem BC-BS	\$324,927,230	\$74.15	13.48	46.70%
Celtic	\$296,596	\$101.54	6.66	100.00%
ConnectiCare	\$26,455,190	\$65.56	13.48	99.00%
CT General	\$126,375,770	\$78.51	11.05	95.00%
Golden Rule	\$5,904,664	\$59.95	23.30	89.00%
Guardian	\$593,560	\$115.48	10.00	100.00%
Health Net	\$6,111,578	\$80.48	12.49	80.00%
John Alden	\$477,533	\$95.60	31.42	100.00%
Oxford Health	\$71,731,440	\$78.12	11.01	96.00%
Time	\$924,673	\$62.78	24.10	100.00%
Trustmark	\$62,840	\$416.16	38.00	100.00%
Trustmark Life	\$0	\$0.00	0.00	100.00%
United	\$180,792,900	\$69.21	13.04	100.00%

Health Maintenance Organizations Utilization Review Measures

Utilization Review (UR) is the process by which your health plan determines whether the treatment or services prescribed by your physician are appropriate or medically necessary to treat your condition. Your health plan may contract with a licensed specialty utilization review company to review recommended treatment for specific types of services (i.e. behavioral health, diagnostic services, prescription drugs, etc.).

For purposes of understanding the charts below, a higher percentage of UR denials means that more requests for prescribed treatment were denied, in whole or in part, by the health plan when compared to other plans.

Conversely, a lower percentage of UR denials when compared to other health plans means that more requests for services were approved by the health plan.

HMO	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 Health	15,686	2,591	16.52%	83	37	44.58%
Anthem BC-BS	71,536	5,106	7.14%	812	535	65.89%
CIGNA	16,668	5,259	31.55%	14	3	21.43%
ConnectiCar	27,777	5,323	19.16%	520	226	43.46%
Health Ne	50,160	14,053	28.02%	201	60	29.85%
Oxfor	23,692	1,803	7.61%	184	86	46.74%

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	13,241	2,377	17.95%	38	20	52.63%
American Republic	23	2	8.70%	0	0	0.00%
Anthem BC-BS	85,546	6,158	7.20%	1,051	668	63.56%
Celtic	50	4	8.00%	1	0	0.00%
ConnectiCare	8,169	1,189	14.56%	104	53	50.96%
CT General	34,420	9,942	28.88%	62	16	25.81%
Golden Rule	203	1	0.49%	0	0	0.00%
Guardian	39	7	17.95%	1	0	0.00%
Health Net	6,289	2,280	36.25%	49	15	30.61%
John Alden	19	1	5.26%	0	0	0.00%
Oxford Health	51,562	4,518	8.76%	609	329	54.02%
Time	75	2	2.67%	2	1	0.00%
Trustmark	0	0	0.00%	0	0	0.00%
Trustmark Life	68	1	0.00%	1	0	0.00%
United	6,959	257	3.69%	25	6	24.00%

Health Maintenance Organizations

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2010.	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
1) Number of UR requests received						
a) Inpatient Admissions	39	600	344	1,071	321	144
b) Outpatient Services	333	3,863	123	6,244	502	188
c) Procedures	0	0	0	0	12	3
d) Extensions of Stay	0	1,086	157	712	341	87
2) Number of Total Denials						
a) Inpatient Admissions	8	115	9	11	1	2
b) Outpatient Services	26	147	4	128	10	1
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	145	6	49	2	1
3) Number of Partial Denials						
a) Inpatient Admissions	6	0	1	0	0	2
b) Outpatient Services	0	360	2	35	1	3
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	44	0	1
4) Number of Appeals of Denials						
a) Inpatient Admissions	10	60	6	3	0	2
b) Outpatient Services	0	118	4	14	0	0
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	117	1	24	1	1
5) Number of Denials Reversed on Appeal						
a) Inpatient Admissions	2	8	2	3	0	0
b) Outpatient Services	0	25	2	3	0	0
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	16	0	7	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	1,112	106	1,877	312	148
Report the total discharges / 1,000 member months* *for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	3.01	4.20	0.26	0.97	0.31	0.43
Report the average length of stay.	8.27	7.60	6.50	2.87	7.81	8.65

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	4,689	32,738	2,376	13,939	9,663	3,172
B) Inpatient Mental Health Services	152	860	82	641	252	114
C) Intermediate Mental Health Services	114	538	49	407	228	50
D) Ambulatory Mental Health Services	4,661	32,104	2,352	13,772	9,585	3,155
Report the percentage of the above numbers who received the respective service.						
A) Inpatient Mental Health Services	0.30%	0.34%	0.24%	0.32%	0.30%	0.40%
B) Intermediate Mental Health Services	0.23%	0.21%	0.14%	0.20%	0.27%	0.18%
C) Ambulatory Mental Health Services	9.29%	12.64%	6.82%	6.85%	11.55%	11.08%

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	579	105	912	194	73
Report the total discharges / 1,000 member months* *for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	1.25	2.19	0.25	0.46	0.19	0.21
Report the average length of stay.	4.63	5.00	4.60	2.59	5.52	4.01

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	854	4,550	628	2,468	1,415	1,181
b) Inpatient Chemical Dependency Services	216	933	167	638	365	364
c) Intermediate Chemical Dependency Services	112	547	69	390	206	148
d) Ambulatory Chemical Dependency Services	793	3,897	524	2,140	1,176	980
Report the percentage of the above numbers who received the respective service.						
a) Inpatient Chemical Dependency Services	0.43%	0.37%	0.48%	0.31%	0.44%	0.42%
b) Intermediate Chemical Dependency Services	0.22%	0.22%	0.20%	0.19%	0.25%	0.17%
c) Ambulatory Chemical Dependency Services	1.58%	1.53%	1.52%	1.05%	1.42%	1.12%

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, 2010 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.	78.86%	87.91%	74.14%	88.75%	86.22%	84.24%
b) Who had an ambulatory or intermediate mental health visit on the date of discharge up to 7 days after the hospital discharge.	60.16%	69.16%	53.45%	72.86%	73.33%	72.83%
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, 2010, 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, 2009 and Apr. 30, 2010, and treated with antidepressant medication, who had at least one of the following criteria during the intake period.						
* At least one principal diagnosis of major depression in an outpatient, ED, intensive outpatient or partial hospitalization; or						
* At least two visits in an outpatient, ED intensive outpatient or partial hospitalization setting on different dates of service with any diagnosis of major depression; or						
* At least one inpatient claim/encounter with any diagnosis of major depression.						
a) Who remained on antidepressant medication the entire 84 day period (12 week) acute treatment phase.	68.16%	59.81%	75.31%	68.70%	65.38%	61.00%
b) Who remained on antidepressant medication for at least 180 days (6 months).	53.73%	44.02%	54.32%	55.00%	50.43%	48.65%

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, 2010 through Dec. 31, 2010 for each of the following.						
Inpatient Mental Health	\$3.31	\$2.54	\$1.82	\$1.85	\$4.59	\$0.56
Inpatient Substance Abuse	\$1.22	\$0.41	\$0.74	\$0.48	\$0.98	\$3.08
Outpatient Mental Health	\$4.92	\$7.00	\$2.91	\$3.60	\$5.02	\$0.51
Outpatient Substance Abuse	\$0.92	\$0.59	\$0.60	\$0.84	\$0.12	\$10.17
Total of the above overall	\$10.37	\$10.54	\$6.07	\$6.77	\$10.71	\$14.32

Claim Denial Data -	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Provide the total number of claims received for the period of Jan. 1, 2010 through Dec. 31, 2010.	1,080,120	338,499	211,504	4,254,044	2,573,996	1,025,139
Total number of claims denied for the same period.	85,164	10,252	24,698	671,539	268,791	276,232
Total number of denials that were appealed.	478	357	14	1,943	365	644
Total number of denials that were reversed on appeal.	143	52	3	1,053	261	192

Indemnity Managed Care Companies

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2010.	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
1)Number of UR request received															
a) Inpatient Admissions	25	0	507	3	204	996	41	1	59	4	401	3	0	4	203
b) Outpatient Services	239	0	2,812	0	1,456	311	0	38	79	0	420	0	0	0	514
c) Procedures	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0
d) Extensions of Stay	0	0	658	3	101	604	0	0	53	0	230	3	0	1	338
2)Number of Total Denials															
a) Inpatient Admissions	3	0	210	0	0	57	0	0	1	1	10	0	0	0	30
b) Outpatient Services	1	0	219	0	17	10	0	0	1	0	7	0	0	0	23
c) Procedures	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
d) Extensions of Stay	0	0	173	0	7	42	0	0	2	0	8	0	0	0	43
3)Number of Partial Denials															
a) Inpatient Admissions	5	0	0	0	0	2	0	0	0	0	13	0	0	0	21
b) Outpatient Services	0	0	409	0	5	2	0	0	3	0	6	0	0	0	9
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	6	0	0	0	0	0	10	0	0	0	30
4)Number of Appeals of Denials															
a) Inpatient Admissions	7	0	123	0	0	26	1	0	0	0	12	0	0	0	17
b) Outpatient Services	0	0	129	0	2	3	0	0	0	0	3	0	0	0	14
c) Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	119	0	6	11	0	0	0	0	8	0	0	0	16
5)Number of Denials Reversed on Appeal															
a) Inpatient Admissions	4	0	17	0	0	5	0	0	0	0	2	0	0	0	3
b) Outpatient Services	0	0	15	0	0	1	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	20	0	0	4	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	Trustmark Life	United
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	342	1	1,561	2	397	622	56	1	12	0	282	1	0	0	1,952
Report the total discharges / 1,000 member mths* * for Medicaid. Commercial & Medicare use:	2.43	0.00	3.63	0.00	1.02	0.37	0.23	8.30	0.14	0.00	0.27	14.00	0.00	0.00	0.41
Report the average length of stay.	7.87	15.00	9.70	19.00	2.94	4.79	7.00	9.00	6.58	0.00	7.38	14.00	0.00	0.00	7.41

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	Trustmark Life	United
1)Report the total number of members who received															
a) Any Mental Health Service	20,461	14	49,305	14	2,662	17,370	1,675	39	777	39	8,399	119	0	0	41,682
b) Inpatient Mental Health Services	566	1	1,235	2	128	453	56	1	11	0	217	2	0	0	1,101
c) Intermediate Mental Health Services	461	0	751	11	88	331	0	0	13	0	120	0	0	0	719
d) Ambulatory Mental Health Services	20,374	13	48,369	0	2,632	17,290	1,661	38	771	34	8,368	115	0	0	39,862
2)Report the percentage of the above numbers who received the respective service															
a) Inpatient Mental Health Services	0.22%	0.47%	0.30%	0.00%	0.36%	0.02%	3.34%	0.10%	0.16%	0.26%	0.25%	0.11%	0.00%	0.00%	0.28%
b) Intermediate Mental Health Services	0.18%	0.00%	0.18%	0.01%	0.25%	0.01%	0.00%	0.00%	0.19%	0.00%	0.14%	0.00%	0.00%	0.00%	0.18%
c) Ambulatory Mental Health Services	8.06%	6.13%	11.65%	0.00%	7.36%	0.70%	99.16%	3.80%	11.05%	8.67%	9.58%	6.52%	0.00%	0.00%	9.96%

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	Trustmark Life	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	0	814	0	217	402	17	0	13	1	278	0	0	0	1075
Report the total discharges / 1,000 member mths* * for Medicaid. Commercial & Medicare use:	1.38	0.00	1.89	0.00	0.51	0.24	0.07	0.00	0.16	0.08	0.27	0.00	0.00	0.00	0.22
Report the average length of stay.	5.01	0.00	5.40	0.00	2.34	4.96	11.00	0.00	3.92	1.00	4.47	0.00	0.00	0.00	4.81

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	Trustmark Life	United
1) Report the total number of members who received care															
a) Any Chemical Dependency Service	2,883	2	6,309	1	340	2,428	178	0	85	4	1,181	4	0	0	4,901
b) Inpatient Chemical Dependency Services	683	0	1,427	1	96	605	14	0	23	1	364	0	0	0	1,250
c) Intermediate Chemical Dependency Services	421	0	715	1	58	291	0	0	16	0	148	0	0	0	490
d) Ambulatory Chemical Dependency Services	2,726	2	5,199	0	287	2,089	164	0	64	4	980	2	0	0	4,320
2) Report the percentage of the above numbers who received the respective service															
a) Inpatient Chemical Dependency Services	0.27%	0.00%	0.34%	0.00%	0.24%	0.15%	7.87%	0.00%	0.33%	0.26%	0.42%	0.00%	0.00%	0.00%	0.31%
b) Intermediate Chemical Dependency Services	0.17%	0.00%	0.17%	0.00%	0.15%	0.07%	0.00%	0.00%	0.23%	0.00%	0.17%	0.00%	0.00%	0.00%	0.12%
c) Ambulatory Chemical Dependency Services	1.08%	0.94%	1.25%	0.00%	0.73%	0.51%	92.13%	0.00%	0.92%	1.02%	1.12%	0.11%	0.00%	0.00%	1.08%

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, 2010 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	Trustmark Life	United
	81.06%	0.00%	88.31%	100.00%	94.74%	82.13%	46.43%	0.00%	80.00%	2.55%	84.24%	1.36%	0.00%	0.00%	82.59%
b) who had an ambulatory or intermediate mental health visit on the date of discharge up to 7 days after the hospital discharge.	68.75%	0.00%	71.05%	100.00%	80.26%	57.49%	30.36%	0.00%	60.00%	2.04%	72.83%	0.62%	0.00%	0.00%	68.08%

Mental Health Utilization - Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2010, 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, 2009 and Apr. 30, 2010, and treated with antidepressant medication, who had at least one of the following criteria during the intake period. * At least one principal diagnosis of major depression in an outpatient, ED, intensive outpatient or partial hospitalization; or * At least two visits in an outpatient, ED intensive outpatient or partial hospitalization setting on different dates of service with any diagnosis of major depression; or * At least one inpatient claim/encounter with any diagnosis of major depression. a) Who remained on antidepressant medication the entire 84 day period (12 week) acute treatment phase. b) Who remained on antidepressant medication for at least 180 days (6 months).	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
	65.85	0.61	67.71	0.00	73.50	68.88	0.00	0.00	63.16	0.00	61.00	0.00	0.00	0.00	64.25
	51.76	0.38	49.29	0.00	60.80	52.30	0.00	0.00	52.63	0.00	48.65	0.23	0.00	0.00	50.15

Claim Expenses -

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2010 through Dec. 31, 2010, for each of the following.															
Inpatient Mental Health	\$5.30	\$0.00	\$2.43	\$3.14	\$2.46	\$4.74	\$2.30	\$10.74	\$3.43	\$0.00	\$0.56	\$0.30	\$0.00	\$0.00	\$1.29
Inpatient Substance Abuse	\$1.82	\$0.00	\$0.45	\$1.99	\$0.46	\$6.07	\$1.09	\$0.00	\$0.73	\$1.49	\$1.98	\$0.00	\$0.00	\$0.00	\$0.25
Outpatient Mental Health	\$10.01	\$203.00	\$7.90	\$1.38	\$4.17	\$4.91	\$8.25	\$71.98	\$3.76	\$3.23	\$0.51	\$6.36	\$0.00	\$0.00	\$2.69
Outpatient Substance Abuse	\$1.57	\$0.00	\$0.61	\$0.00	\$0.72	\$3.81	\$1.03	\$0.00	\$0.09	\$1.29	\$4.57	\$0.28	\$0.00	\$0.00	\$0.21
Total of the above overall	\$18.70	\$203.00	\$11.39	\$6.51	\$7.81	\$19.53	\$12.67	\$82.72	\$8.01	\$6.01	\$7.62	\$6.94	\$0.00	\$0.00	\$4.44

Claim Denial Data

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
Provide the total number of claims received for the period of Jan. 1, 2010 through Dec. 31, 2010.	2,441,923	2,385	532,804	2,961	1,877,961	2,475,495	155,396	3,944	162,179	6,726	2,819,500	28,202	0	0	4,506,422
Total number of claims denied for the same period.	1,297,096	582	8,408	192	266,663	41,922	6,970	1,132	18,878	350	686,395	1,221	0	0	1,981,411
Total number of denials that were appealed.	533	4	626	24	783	212	88	29	73	7	1,296	34	0	0	364
Total number of denials that were reversed on appeal.	142	4	93	14	423	2	22	13	41	3	300	23	0	0	120

Member Satisfaction Survey – Health Maintenance Organizations

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Percentage of Managed Care members surveyed.	2.80%	1.12%	4.19%	0.80%	4.20%	6.55%
The percentage of those surveyed who responded.	29.40%	36.30%	20.70%	33.40%	16.91%	29.96%
Q. In the last 12 months, how often was it easy to get appointments with specialists?						
Never	2.90%	1.90%	4.60%	3.00%	1.20%	4.26%
Sometime	7.60%	9.00%	9.80%	13.00%	9.80%	13.62%
Usually	37.10%	33.50%	39.30%	30.00%	29.30%	34.89%
Always	52.40%	55.70%	46.20%	55.00%	59.80%	47.23%
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	1.20%	1.30%	2.80%	2.00%	2.60%	1.43%
Sometimes	8.30%	10.40%	14.10%	12.00%	11.10%	14.04%
Usually	32.00%	29.40%	31.30%	26.00%	31.60%	36.10%
Always	58.50%	58.90%	51.80%	60.00%	54.70%	48.42%
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 thought needed?						
Never	1.90%	0.60%	1.70%	2.00%	3.40%	1.35%
Sometimes	10.40%	9.40%	12.70%	6.00%	10.30%	6.76%
Usually	20.80%	20.10%	28.00%	18.00%	27.60%	36.49%
Always	67.00%	69.80%	57.60%	75.00%	58.60%	55.41%
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	2.70%	0.90%	2.00%	1.00%	4.90%	3.59%
Sometimes	8.60%	7.30%	10.60%	8.00%	12.30%	10.76%
Usually	27.00%	19.20%	32.70%	38.00%	22.20%	28.29%
Always	61.60%	72.60%	54.80%	53.00%	60.50%	57.37%
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	3.70%	3.10%	6.40%	2.00%	12.90%	6.48%
Sometimes	36.60%	43.10%	30.80%	44.00%	32.30%	37.96%
Usually	47.60%	36.90%	46.20%	44.00%	25.80%	42.59%
Always	12.20%	16.90%	16.70%	11.00%	29.00%	12.96%

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

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Q. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?						
Never	7.60%	6.90%	5.40%	4.00%	13.20%	5.11%
Sometimes	22.80%	23.00%	30.40%	9.00%	18.40%	21.17%
Usually	26.10%	23.00%	26.10%	36.00%	28.90%	36.50%
Always	43.50%	47.10%	38.00%	50.00%	39.50%	37.23%
Q. In the last 12 months, how often were you satisfied with your prescription drug coverage?						
Never	8.90%	0.00%	4.50%	4.00%	13.40%	3.04%
Sometimes	23.90%	10.00%	20.60%	28.00%	22.00%	15.95%
Usually	29.50%	37.00%	46.40%	39.00%	22.80%	36.71%
Always	37.70%	53.00%	28.50%	29.00%	41.70%	44.30%
Q. If you weren't satisfied with your prescription drug coverage as stated in the above question, which one of these items would most closely identify your greatest area of concern?						
Copayments too high / percentage paid too low	34.80%	26.30%	67.10%	51.00%	65.52%	55.50%
Deductable too high	26.10%	13.40%	7.50%	19.00%	8.62%	7.91%
Maximum benefit too low	4.30%	5.90%	3.70%	1.00%	1.72%	1.69%
Cost of the benefit coverage too high	19.60%	20.70%	8.70%	9.00%	1.72%	7.34%
Managed care guidelines too restrictive (i.e. prior authorization)	6.50%	11.70%	13.00%	6.00%	8.62%	12.99%
Drug not included on the formulary	8.70%	22.00%	0.00%	14.00%	13.80%	13.56%
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?						
(worst possible) 0	1.00%	0.60%	0.40%	1.00%	1.50%	0.25%
1	0.30%	0.30%	0.00%	0.00%	0.70%	0.25%
2	4.20%	0.30%	0.80%	1.00%	2.20%	1.23%
3	2.40%	0.90%	4.20%	2.00%	3.00%	1.97%
4	1.70%	1.20%	1.90%	1.00%	3.00%	3.19%
5	13.20%	5.00%	5.70%	14.00%	15.70%	7.86%
6	10.10%	2.90%	9.10%	11.00%	11.20%	8.85%
7	16.00%	13.50%	19.20%	14.00%	9.70%	15.23%
8	20.80%	24.90%	27.20%	23.00%	17.20%	27.03%
9	14.90%	22.50%	18.50%	16.00%	14.20%	17.69%
(best possible) 10	15.30%	28.10%	13.20%	17.00%	21.60%	14.70%

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

Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Amer. Republic	Anthem BC-BS	Celtic	ConnectiCare
Percentage of Managed Care members surveyed.	0.70%	75.00%	0.47%	15.60%	0.60%
The percentage of those surveyed who responded.	29.20%	10.00%	33.18%	15.60%	33.60%
Q. In the last 12 months, how often was it easy to get appointments with specialists?					
Never	0.90%	10.00%	0.90%	27.30%	6.00%
Sometimes	13.30%	6.00%	9.50%	13.60%	11.00%
Usually	37.90%	32.00%	32.20%	27.30%	31.00%
Always	47.90%	52.00%	57.30%	31.80%	52.00%
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	2.90%	10.00%	2.40%	15.40%	0.00%
Sometimes	11.20%	4.00%	8.70%	23.10%	13.00%
Usually	30.20%	37.00%	32.60%	11.50%	30.00%
Always	55.80%	49.00%	56.30%	50.00%	57.00%
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 thought needed?					
Never	0.00%	11.00%	3.40%	18.20%	3.00%
Sometimes	8.10%	0.00%	9.40%	13.60%	0.00%
Usually	15.30%	37.00%	19.50%	27.30%	21.00%
Always	76.60%	52.00%	67.80%	40.90%	76.00%
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	1.80%	10.00%	0.80%	20.00%	2.00%
Sometimes	10.10%	2.00%	4.70%	20.00%	5.00%
Usually	24.30%	36.00%	23.70%	20.00%	29.00%
Always	63.80%	52.00%	70.80%	40.00%	64.00%
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	7.10%	33.00%	6.50%	13.60%	13.00%
Sometimes	33.30%	20.00%	32.30%	36.40%	43.00%
Usually	36.40%	27.00%	46.80%	36.40%	35.00%
Always	23.20%	20.00%	14.50%	13.60%	9.00%

CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
2.09%	1.10%	100.00%	4.80%	100.00%	2.09%	100.00%	100.00%	0.00%	1.35%
24.73%	19.83%	31.00%	15.03%	21.00%	27.04%	15.00%	0.00%	0.00%	33.80%
3.70%	12.50%	0.00%	0.00%	13.33%	3.33%	12.58%	0.00%	0.00%	2.80%
11.50%	12.50%	0.00%	11.80%	6.67%	19.05%	15.89%	0.00%	0.00%	7.10%
38.20%	27.50%	60.00%	41.20%	46.67%	36.67%	29.80%	0.00%	0.00%	25.70%
46.60%	47.50%	40.00%	47.10%	33.33%	40.95%	41.73%	0.00%	0.00%	64.40%
2.90%	4.70%	0.00%	0.00%	6.25%	2.40%	5.33%	0.00%	0.00%	0.90%
10.30%	11.60%	0.00%	19.00%	25.00%	15.75%	10.06%	0.00%	0.00%	6.90%
30.60%	27.90%	60.00%	23.80%	31.25%	32.88%	31.95%	0.00%	0.00%	25.90%
56.20%	55.80%	40.00%	57.10%	37.50%	48.97%	52.66%	0.00%	0.00%	66.30%
0.70%	5.00%	0.00%	0.00%	6.67%	0.78%	9.40%	0.00%	0.00%	1.20%
9.60%	10.00%	0.00%	20.00%	13.33%	13.18%	12.08%	0.00%	0.00%	6.90%
26.10%	22.50%	40.00%	20.00%	46.67%	25.58%	35.57%	0.00%	0.00%	23.80%
63.60%	55.80%	60.00%	60.00%	33.33%	60.47%	42.95%	0.00%	0.00%	68.10%
1.50%	9.50%	7.00%	0.00%	6.25%	4.42%	9.82%	0.00%	0.00%	1.90%
8.70%	23.80%	7.00%	15.00%	31.25%	12.39%	14.11%	0.00%	0.00%	4.20%
35.60%	23.80%	33.00%	45.00%	37.50%	34.96%	30.67%	0.00%	0.00%	28.10%
54.20%	42.90%	53.00%	40.00%	25.00%	48.23%	45.40%	0.00%	0.00%	65.80%
5.30%	21.40%	33.00%	10.00%	26.67%	8.91%	26.32%	0.00%	0.00%	11.10%
31.90%	28.60%	27.00%	10.00%	33.33%	36.63%	24.34%	0.00%	0.00%	22.90%
44.90%	28.60%	20.00%	70.00%	26.67%	39.60%	26.97%	0.00%	0.00%	39.10%
17.90%	21.40%	20.00%	10.00%	13.33%	14.85%	22.37%	0.00%	0.00%	26.90%

Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Amer. Republic	Anthem BC-BS	Celtic	ConnectiCare
Q. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?					
Never	7.80%	18.00%	2.30%	20.80%	7.00%
Sometimes	16.50%	11.00%	24.10%	16.70%	17.00%
Usually	32.00%	15.00%	35.60%	25.00%	33.00%
Always	43.70%	56.00%	37.90%	37.50%	43.00%
Q. In the last 12 months, how often were you satisfied with your prescription drug coverage?					
Never	8.90%	23.00%	0.00%	28.00%	1.00%
Sometimes	23.90%	10.00%	10.00%	12.00%	18.00%
Usually	29.50%	15.00%	37.00%	36.00%	44.00%
Always	37.70%	52.00%	53.00%	24.00%	38.00%
Q. If you weren't satisfied with your prescription drug coverage as stated in the above question, which one of these items would most closely identify your greatest area of concern?					
Copayments too high / percentage paid too low	34.80%	17.00%	26.30%	50.00%	63.00%
Deductible too high	26.10%	9.00%	13.40%	16.70%	7.00%
Maximum benefit too low	4.30%	4.00%	5.90%	0.00%	0.00%
Cost of the benefit coverage too high	19.60%	48.00%	20.70%	5.60%	2.00%
Managed care guidelines too restrictive (i.e. prior authorization)	6.50%	0.00%	11.70%	11.10%	7.00%
Drug not included on the formulary	8.70%	22.00%	22.00%	16.70%	22.00%
Q. Use <u>any number from 0 to 10</u> where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?					
(worst possible) 0	1.80%	2.00%	0.60%	0.00%	0.00%
1	0.00%	2.00%	0.60%	3.20%	1.00%
2	1.80%	4.00%	0.60%	6.40%	1.00%
3	1.80%	6.00%	0.60%	3.20%	1.00%
4	3.30%	4.00%	2.10%	6.40%	3.00%
5	10.20%	19.00%	6.90%	12.50%	3.00%
6	5.70%	12.00%	5.10%	18.80%	5.00%
7	15.00%	10.00%	9.40%	25.00%	17.00%
8	26.90%	19.00%	22.10%	18.80%	26.00%
9	19.50%	10.00%	22.40%	0.00%	20.00%
(best possible) 10	14.10%	12.00%	29.60%	3.20%	22.00%

CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
2.90%	20.90%	27.00%	0.00%	8.33%	9.38%	16.77%	0.00%	0.00%	7.20%
27.00%	20.90%	27.00%	11.10%	33.33%	21.88%	16.77%	0.00%	0.00%	10.70%
28.20%	30.30%	13.00%	44.40%	50.00%	27.34%	23.23%	0.00%	0.00%	28.70%
41.90%	27.90%	33.00%	44.40%	8.34%	41.41%	43.23%	0.00%	0.00%	53.40%
4.10%	42.90%	0.00%	7.70%	25.00%	5.85%	29.53%	0.00%	0.00%	5.70%
21.30%	23.80%	0.00%	15.40%	31.25%	28.00%	14.77%	0.00%	0.00%	21.40%
45.40%	11.90%	60.00%	46.20%	37.50%	43.69%	22.15%	0.00%	0.00%	36.20%
29.20%	21.40%	40.00%	30.80%	6.25%	22.46%	33.55%	0.00%	0.00%	36.70%
65.20%	34.60%	0.00%	36.36%	27.27%	57.07%	25.84%	0.00%	0.00%	44.00%
11.10%	21.20%	0.00%	27.27%	36.36%	17.80%	33.71%	0.00%	0.00%	29.40%
3.00%	7.70%	0.00%	0.00%	0.00%	1.57%	6.74%	0.00%	0.00%	2.30%
7.30%	17.30%	0.00%	0.00%	9.09%	6.28%	16.85%	0.00%	0.00%	3.20%
13.30%	9.60%	0.00%	9.09%	9.09%	9.42%	3.37%	0.00%	0.00%	8.70%
0.00%	9.60%	0.00%	27.27%	18.19%	7.85%	13.49%	0.00%	0.00%	12.40%
0.80%	8.90%	0.00%	0.00%	0.00%	0.90%	3.98%	0.00%	0.00%	1.80%
0.30%	4.40%	0.00%	0.00%	7.14%	2.71%	3.41%	0.00%	0.00%	1.20%
0.90%	8.90%	0.00%	0.00%	14.29%	3.01%	5.68%	0.00%	0.00%	2.10%
2.90%	2.20%	0.00%	4.00%	14.29%	3.61%	7.39%	0.00%	0.00%	1.80%
1.60%	8.90%	7.00%	0.00%	21.43%	3.61%	9.09%	0.00%	0.00%	2.90%
7.40%	17.80%	0.00%	4.00%	14.29%	12.95%	13.64%	0.00%	0.00%	11.00%
9.50%	11.10%	13.00%	12.00%	7.14%	9.64%	11.36%	0.00%	0.00%	5.60%
18.20%	8.90%	7.00%	20.00%	21.42%	21.08%	13.64%	0.00%	0.00%	11.80%
27.70%	17.80%	33.00%	28.00%	0.00%	21.08%	10.80%	0.00%	0.00%	24.80%
19.20%	2.20%	27.00%	24.00%	0.00%	12.65%	11.93%	0.00%	0.00%	14.50%
11.40%	8.90%	13.00%	8.00%	0.00%	8.73%	9.08%	0.00%	0.00%	22.50%

2010 Medical Loss Ratio By Carrier

Carrier Name	Type of Managed Care Plan	2010 Loss Ratio
Aetna Health, Inc. of CT	HMO	77.60%
Aetna Life Insurance Company	Indemnity	77.50%
American Republic Insurance Company	Indemnity	101.87%
Anthem Blue Cross & Blue Shield of CT, Inc.	HMO	83.10%
Anthem Blue Cross & Blue Shield of CT, Inc.	Indemnity	80.50%
Celtic Insurance Company	Indemnity	66.00%
CIGNA HealthCare of CT., Inc.	HMO	92.00%
ConnectiCare Insurance Co. Inc.	Indemnity	73.90%
ConnectiCare, Inc.	HMO	79.50%
Connecticut General Life Insurance Company	Indemnity	85.00%
Golden Rule Insurance Company	Indemnity	62.50%
Guardian Life Insurance Company of America	Indemnity	74.43%
Health Net Life Insurance Co.	Indemnity	87.60%
Health Net of Connecticut, Inc.	HMO	87.50%
John Alden Life Insurance Company	Indemnity	91.47%
Oxford Health Insurance, Inc.	Indemnity	78.40%
Oxford Health Plans (CT), Inc.	HMO	84.90%
Time Insurance Company	Indemnity	69.35%
Trustmark Insurance Company	Indemnity	-19.80%
Trustmark Life Insurance Company	Indemnity	752.46%
United HealthCare Insurance Company	Indemnity	85.00%

Glossary

Adverse determination: A *UR* decision made by your insurer or one of its subcontractors to deny payment for a healthcare service based on the information provided because it does not meet the company's 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, in excess of any *deductible*.

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 or contract 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 encouraged 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 determined 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.**

**CIGNA Health & Life Insurance Company (formerly known as)
Alta Health & Life Insurance Company**

800 Cottage Grove Road
Hartford, CT 06152
1-800-663-8081

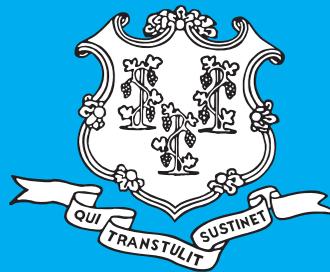
Union Security Insurance Company

501 West Michigan Street
Milwaukee, WI 53201-3050
1-800-800-1212

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

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	(800) 203-3447 (toll free) (860) 297-3900	http://www.ct.gov/cid
Office of the Healthcare Advocate	Managed care problems or questions	P.O. Box 1543 Hartford, CT 06144	(866) HMO-4446 (toll free)	http://www.ct.gov/oha
Department of Public Health	Providers & Medical Facilities	410 Capitol Avenue Hartford, CT 06134	(800) 842-0038 (toll free)	http://www.ct.gov/dph
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
Health Reinsurance Association of CT (HRA)	Guaranteed Individual health coverage for residents under 65 Low-income Small Employer Health Plans	628 Hebron Avenue Suite 212 Glastonbury, CT 06033	(800) 842-0004 (toll free)	http://www.hract.org
Connecticuts Clearinghouse	A single source for CT public & private health insurance information		(877) 263-1997	http://www.cthealthchannel.org
Department of Social Services	Charter Oak Plan HUSKY Healthcare Temporary High Risk Pool	25 Sigourney Street Hartford, CT 06106-5033	(800) 842-1508 (toll free)	http://www.ct.gov/dss
U.S Department of Health & Human Services	Information on Healthcare Reform & Insurance Options			http://www.healthcare.gov



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

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