



2016 Managed Care Report

To

Governor Dannel P. Malloy
Insurance and Real Estate Committee
Public Health Committee

Presented by

Connecticut Insurance Department
Katharine L. Wade, Commissioner
March 2, 2016

On behalf of the Connecticut Insurance Department, I am pleased to present this annual report regarding the regulation of Managed Care in Connecticut. The report, mandated by Connecticut General Statute 38a-478a, provides an overview of the Department's regulatory and enforcement activity of Managed Care Organizations (MCOs) for the calendar year 2015.

The Department's multi-pronged approach in carrying out our mission of consumer protection is highlighted in the activities of our Life & Health, Consumer Affairs and Market Conduct divisions, which have key roles in regulating Managed Care Organizations. This annual review helps ensure that health insurers operating as MCOs are responsive to their customers and that patients' rights are upheld.

In addition to MCOs, the Department is responsible for licensing Utilization Review (UR) companies and Independent Review Organizations (IROs), which play key roles in providing consumers access to medically necessary treatment and in the appeals of claims denials. The Department also licenses other medical service entities such as Preferred Provider Networks (PPN), Pharmacy Benefit Managers (PBM) and Medical Discount Plans (MDP). Those licensing activities are included in this report.

Finally, consumer advocacy, education and outreach continue to be one of our prime focuses and results of our intervention in helping policyholders are an important metric of this report. The Department strives to keep health insurance customers well-informed in making health insurance choices that best suits their needs. In 2015 we introduced a free online consumer newsletter, "[Insurance Matters](#)" and continue to update content in our annual "[Consumer Report Card](#)" to make it more relevant and useful for our citizens.

We hope you find this report informative.

Sincerely,

A handwritten signature in blue ink that reads "Katharine L. Wade". The signature is written in a cursive, flowing style.

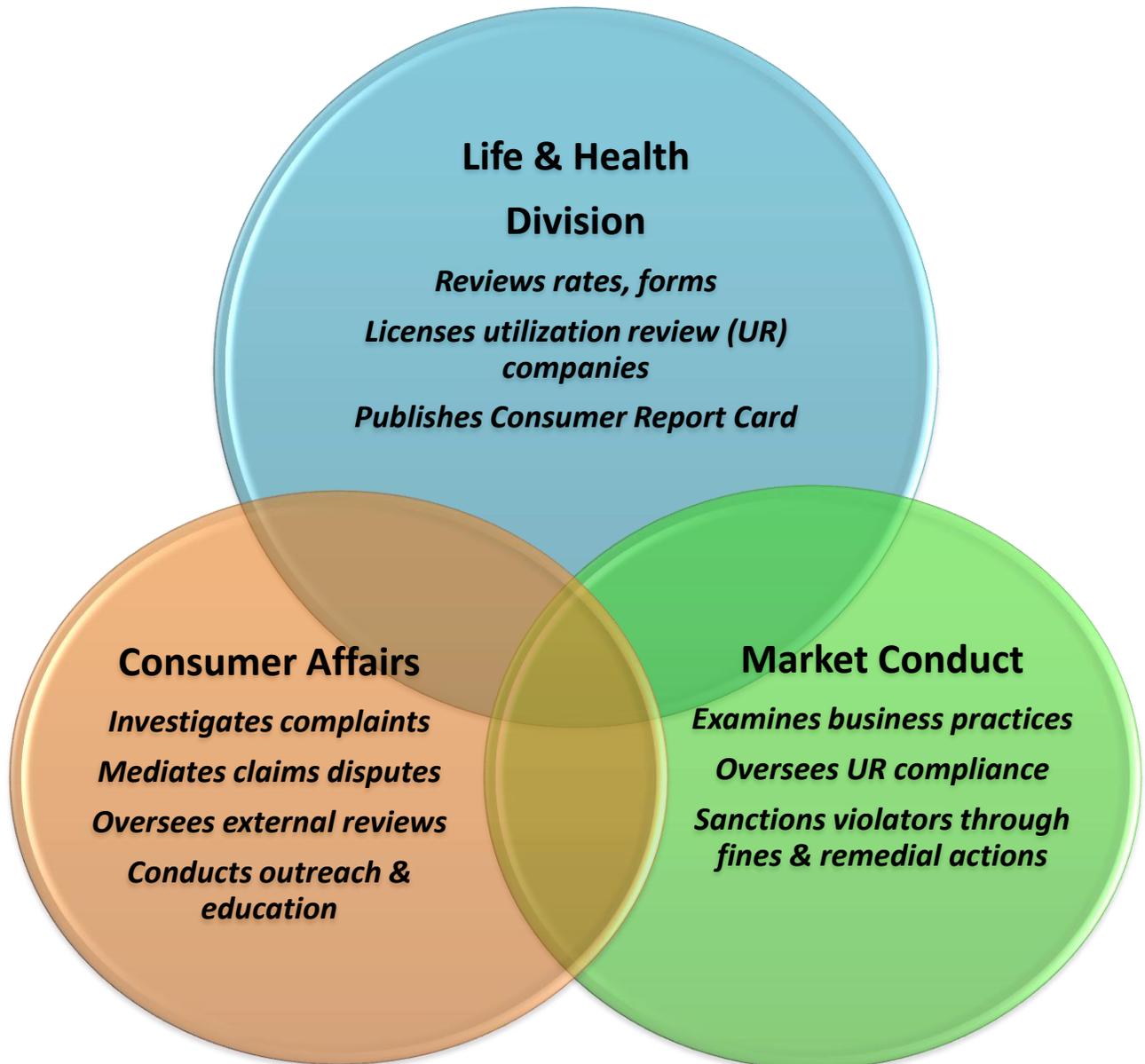
Katharine L. Wade
Commissioner

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I. Insurance Department Organizational Chart

Of the 10 core divisions that make up the Insurance Department, there are three (3) units that have direct oversight of Managed Care:



II. Licensed Managed Care Organizations (MCOs) In Connecticut As of December 31, 2015

Managed Care Organization	Web site
Aetna Health, Inc	www.aetna.com
Aetna Life Insurance Company	www.aetna.com
Anthem Blue Cross & Blue Shield of CT, Inc.	www.anthem.com
Celtic Insurance Company	www.celtic-net.com
CIGNA Health & Life Insurance Company	www.cigna.com
CIGNA Healthcare of Connecticut, Inc.	www.cigna.com
ConnectiCare, Inc.	www.connecticare.com
ConnectiCare Insurance Company, Inc.	www.connecticare.com
ConnectiCare Benefits, Inc.	www.connecticare.com
Connecticut General Life Insurance Company	www.cigna.com
Golden Rule Insurance Company	www.goldenrule.com
Harvard Pilgrim Healthcare of CT	www.harvardpilgrim.org
HPHC Insurance Company	www.harvardpilgrim.org
HealthyCT, Inc.	www.healthyct.org
John Alden Life Insurance Company	www.assuranthealth.com
Oxford Health Insurance, Inc.	www.oxhp.com
Oxford Health Plans (CT), Inc.	www.oxhp.com
Time Insurance Company	www.assuranthealthc.om
United HealthCare Insurance Company	www.uhc.com

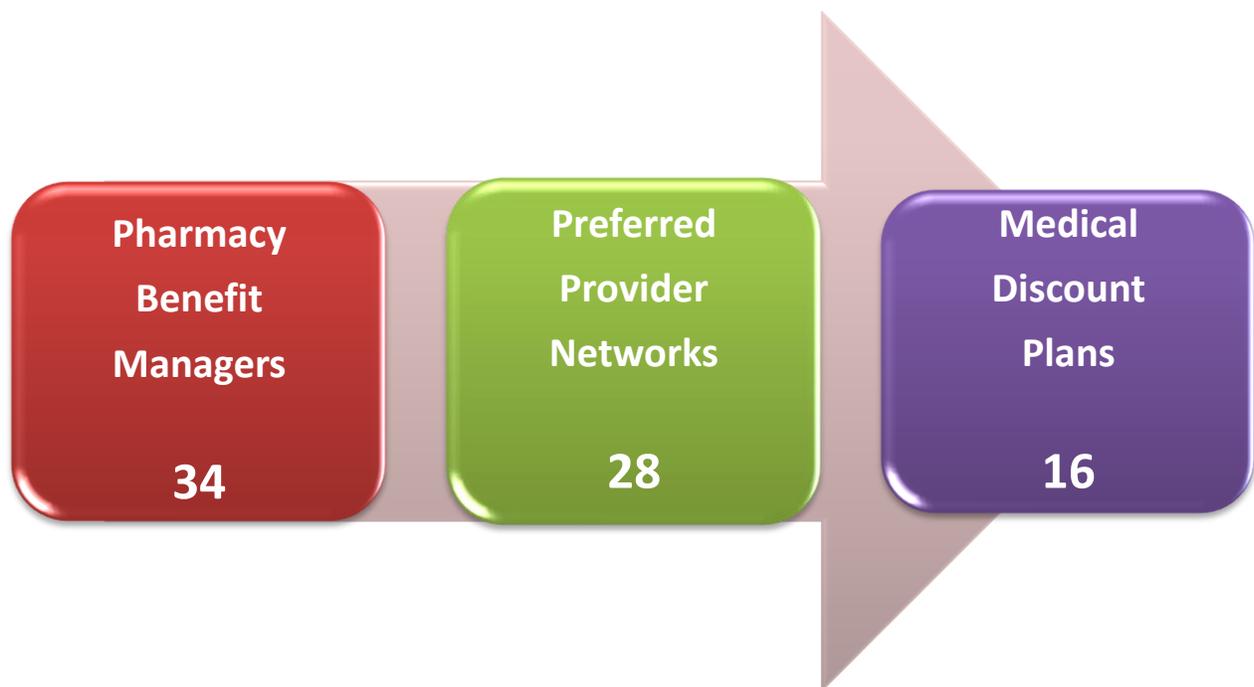
III. Other Licensed Entities

The Department also licenses and/or registers medical services providers other than managed care organizations that consumers use when accessing health care.

Those entities, Preferred Provider Networks (PPNs) and Pharmacy Benefit Managers (PBMs) contract with health insurers to offer provider networks and pharmacy benefits, respectively.

Others, such as Medical Discount Plans (MDP) provide consumers the opportunity to access medical services at discounted rates.

Below is the Department's 2015 licensing/registration activity of these providers:



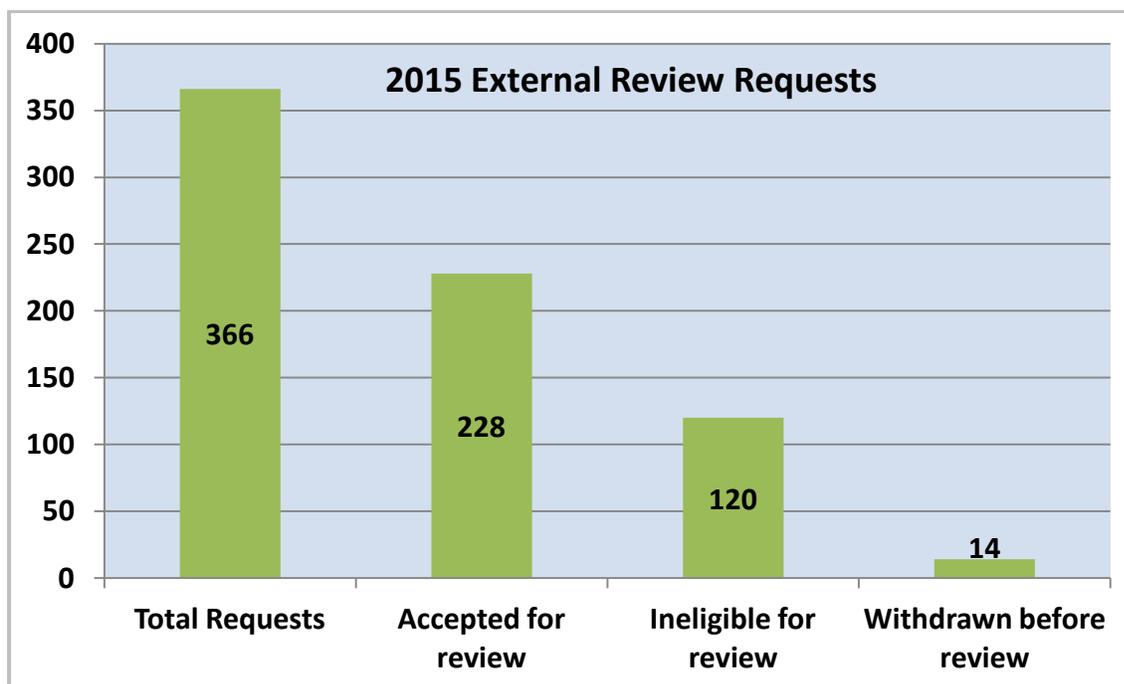
IV. External Appeal Process

Independent Review Organizations (IROs) Licensed in 2015

Below are the four companies chosen through a competitive bidding process that provided independent external reviews of appeals of health insurance denials from January 1, 2014 to December 31, 2015.

Independent Review Organization	Address
IPRO, Inc.	Lake Success, NY
MAXIMUS Federal Services, Inc.	Reston, VA
National Medical Reviews, Inc.	Southampton, PA
Permedion	Westerville, OH

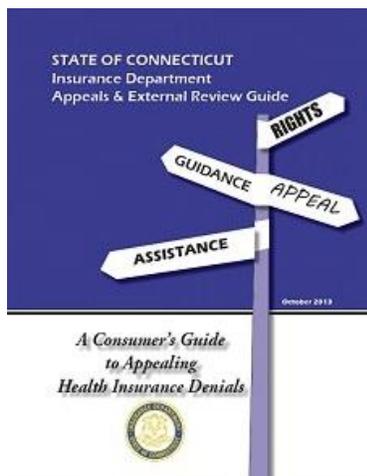
External Review Requests in 2015



External Review Results in 2015



Insurance Department Resources for Appealing Denials



CID Consumer's Guide for Appeals:

Informs consumers of the eligibility requirements for filing appeals
Explains how insurers conduct medical necessity reviews
Provides [necessary forms](#) and information to properly file appeals
Explains how the process works once information is submitted
Is available on the [CID Web site](#)

["Consumer's Guide to Appealing Health Insurance Denials"](#)

V. Utilization Review

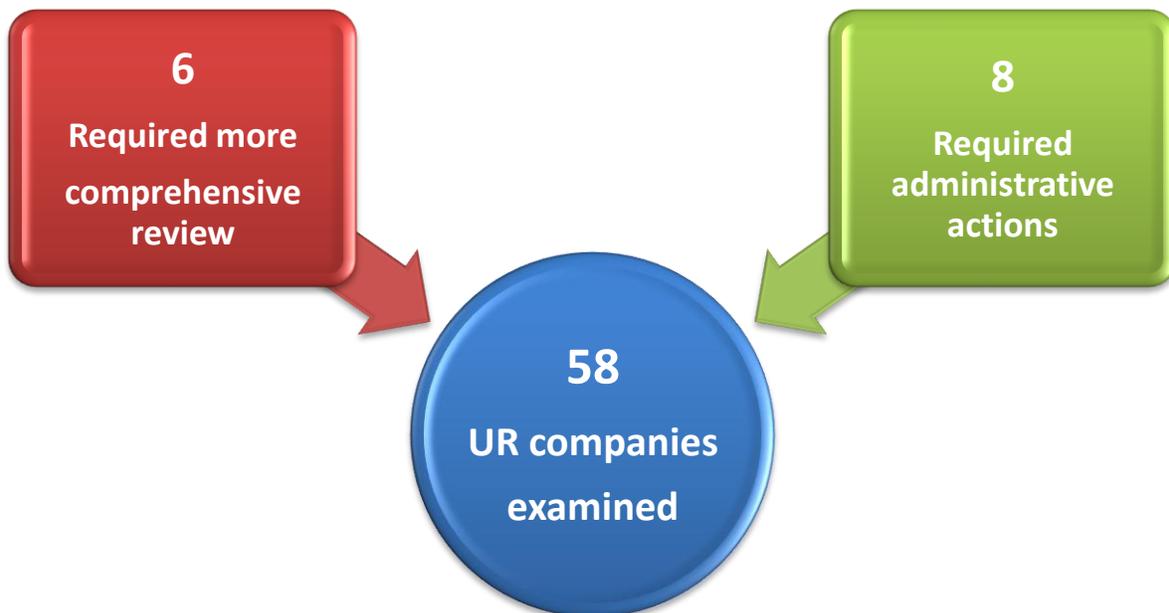
The Department licenses all utilization review (UR) companies, entities contracted by managed care organizations to review requests for services based on medical necessity and to determine if the recommended treatment is appropriate.

The Department's Market Conduct Division regularly examines the business practices of UR companies to ensure they are in compliance with all state laws and regulations. Examinations, when completed, are posted on the [Market Conduct Reports](#) section of the Department Web site.

Among the criteria used for examination are:

- Timeliness of decisions
- Notification requirements
- Adherence to confidentiality laws
- Use of relevant medical personnel
- Updating of protocols to reflect changes in medicine and statute

An overview of the Department's 2015 monitoring of UR companies:



Areas most frequently cited in 2015 for improvement:

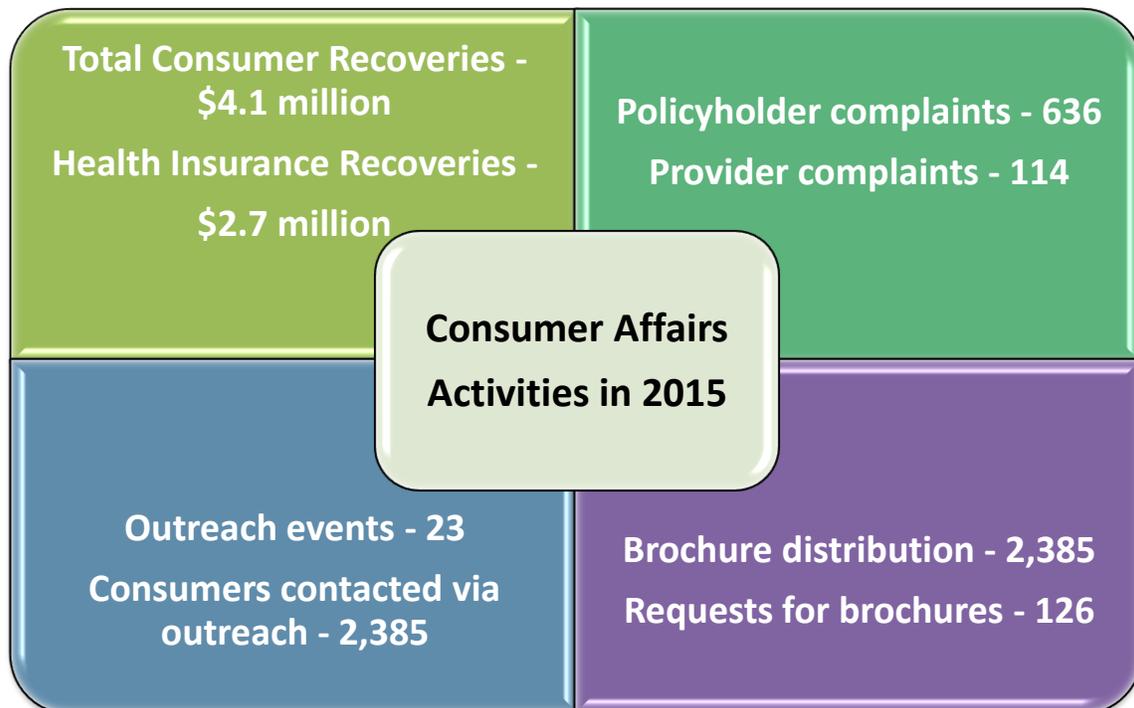
- Lack of appropriate, timely determination and appeal responses
- Failure to maintain sufficient documentation for regulatory review
- Lack of proper appeal language
- Failure to provide timely determinations and appeal responses

VI. Consumer Advocacy & Outreach

The Consumer Affairs Unit (CAU) is the Department's front line for policyholders. CAU Examiners are well-versed in state insurance law and field thousands of calls from the public each year, answering questions both simple and complex. The CAU is also an essential liaison between consumers and their insurers when complaints arise over claim denials and other health insurance coverage issues.

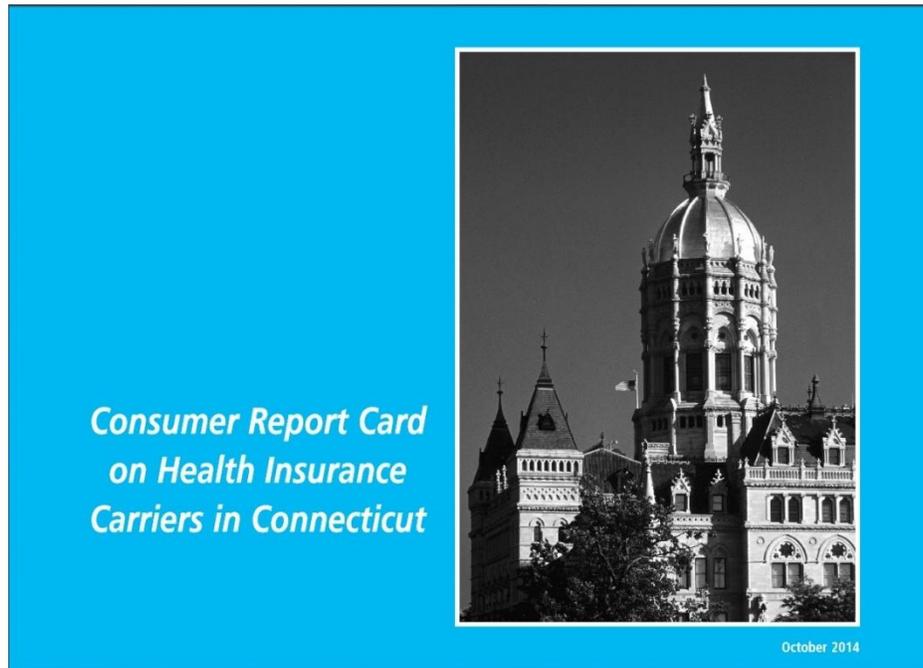
In addition, the CAU engages regularly with the public at numerous outreach events and maintains a free speakers' bureau for organizations interested in providing programs that address topical insurance issues.

An overview of the Consumer Affairs Unit 2015 Activity:



A list of all insurance complaints fielded in 2015 by the Consumer Affairs Unit is on the [Department Web site and on the state's Open Data Portal](#).

VII. The Consumer Report Card On Health Insurance Carriers in Connecticut



Since 2006, the Department has published a [Consumer Report Card on Health Insurance Carriers in Connecticut](#) – commonly referred to as HMOs – and up to 15 insurers with the highest premium volume in Connecticut, that offer Managed Care Plans.

Widely distributed free of charge, it is posted online, shared through social media, mailed to every library in the state, available at outreach events and upon request.

The Report Card includes information from customer surveys on the overall satisfaction that members have with their plans. It also provides data on provider networks by county and offers a range of quality measures such as breast cancer screening, prenatal care, childhood immunization and more. Consumers are also able to compare the track record for each insurer on requests and denials for services and appeal outcomes.

The Department collects data by May 1 of each year and publishes the Report Card each October, updating it yearly with new information to make more useful for consumers.

In 2015, the following criteria were included in the Report Card:

- Number of providers, specialists, hospitals and pharmacies by county
- Percentage of primary care physicians who are board certified
- Percentage of specialists who are board certified
- Percentage of employer groups who did not renew their contracts
- Provider turnover rate
- Profit/non-profit status
- Enrollment
- National Committee for Quality Assurance accreditation status
- Medical loss ratios (State/Federal)
- Utilization review statistics
- Mental health benefit utilization measures, including:
 - Inpatient discharges and average lengths of stays;
 - Follow-up after hospitalizations for mental illness;
 - Anti-depressant medication management; and
 - Mental health, alcohol and other drug services broken down by level of care
- Customer service information
- Breast cancer screening measures
- Cervical cancer screening measures
- Colorectal cancer screening measures
- Controlling high blood pressure measures
- Cholesterol management for patients with cardiovascular disease measures
- Childhood immunizations measures
- Pre-natal and post-partum care
- Adult access to preventive care
- Eye exams for people with diabetes
- Beta blocker treatments after a heart attack
- Outpatient prescription drug utilization
- Claim denial data
- Member Satisfaction Survey results