

*Consumer Report Card
on Health Insurance
Carriers in Connecticut*



October 2013



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

Table of Contents

About this Report Card	1
Managed Care Plan Comparison Worksheet	2
Health Benefit Plan Statutes	3
MCOs included in the Report Card	4
MCOs included in the Report Card and their Websites	5
General Information	
HMOs	6
Indemnity Carriers	8
Participating Providers by County	
HMOs	10
Indemnity Carriers	13
Measures of Members Usage of Benefits	
HMOs	16
Indemnity Carriers	23
Utilization Review Data	
HMOs	30
Indemnity Carriers	31
Behavioral Health Comparisons	
HMOs	32
Indemnity Carriers	37
Member Satisfaction Survey Results	
HMOs	42
Indemnity Carriers	44
Medical Loss Ratios by Carrier	48
Glossary	49
Other Indemnity MCOs not Included in This Report	52
Where to Find Help or Additional Information	cover

About This Report Card

The information in this report card is based on data provided by the MCOs as of year end 2012. 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-authorized benefits paid unless 3 days prior notification to adm/serv/proc	38a-472g	38a-472g	Bone Marrow Testing	38a-492o	38a-518o
Pre-Existing Condition Waiver	38a-476	38a-476	Home Health Care	38a-493	38a-520
Post-claims underwriting	38a-477b	38a-477b	Definition Of dependent child to 26	38a-497	38a-512b
Applications must include state and federal MLR	38a-477c	38a-477c	Ambulance Service	38a-498	38a-525
Medical necessity	38a-482a	38a-513c	Extend isolation & emergency services to mobile field hospitals	38a-498b	38a-525b
Regulating limited benefit medical plans	38a-482b	38a-513d	Health Care Services to Residents with Elevated Blood Alcohol Levels	38a-498c	38a-525c
No Lifetime max. on "essential benefits"/ defined lifetime on non-essential benefits	38a-482c	38a-512c	Mammography/Breast Cancer Screening	38a-503	38a-530
Experimental Treatments	38a-483c	38a-513b	Maternity Care & Postpartum Care (48/96 hrs)	38a-503c	38a-530c
Benefits for Mental Illness	38a-488a	38a-514	Mastectomy or Lymph Node Dissection (48 hrs)	38a-503d	38a-530d
Therapies for treatment of autism spectrum	38a-488b	38a-514b	Prescription Birth Control	38a-503e	38a-530e
Continuation for Mentally or Physically Handicapped Children	38a-489	38a-515	Preventive Pediatric Care		38a-535
Newborn Infants	38a-490	38a-516	Blood screening added to preventive pediatric	38a-490d	38a-535(b)
Birth-To-Three Program (Early Intervention Services)	38a-490a	38a-516a	Notice of Cancellation of Group Coverage		38a-537
Hearing Aids for Children 12 and Younger	38a-490b	38a-516b	Policy to Allow Spouse Coverage as Both Dependent and Employee		38a-541
Craniofacial Disorders	38a-490c	38a-516c	Tumors and Leukemia/Breast Implant Removal & Reconstruction, oral chemotherapy	38a-504	38a-542
Coverage for In-patient Dental	38a-491a	38a-517a	Cancer Clinical Trials	38a-504a-g	38a-542a-g
Accidental Ingestion of a Controlled Drug	38a-492	38a-518	OON facility during treatment in a clinical trials	38a-504d	38a-542d
Coverage for Hypodermic Needles and Syringes	38a-492a	38a-518a	Age Discrimination-Small Group less than 20 Employees		38a-543
Cancer Drugs Not to be Excluded	38a-492b	38a-518b	Continuation of Coverage		38a-546
Coverage for Prescription Foods/Formula	38a-492c	38a-518c	Coverage for Prospective Adoptive Children	38a-508	38a-549
Coverage for Diabetes	38a-492d	38a-518d	Infertility Treatment & Procedures	38a-509	38a-536
Diabetes Outpatient Self-Management Training	38a-492e	38a-518e	Prescription Drug- mail order prohibition	38a-510	38a-544
Screening for Prostate Cancer	38a-492g	38a-518g	Access to Imaging Services	38a-511	38a-550
Lyme Disease Treatment	38a-492h	38a-518h	Continuation, Extension & Conversion Rights		38a-512a
Pain Management	38a-492i	38a-518i	Group specified disease benefit		38a-513d
Ostomy Appliances and Supplies	38a-492j	38a-518j			
Colorectal Cancer Screening	38a-492k	38a-518k	New Public Acts for 2013		
Developmental Needs of Children & Youth with Cancer	38a-492l	38a-516d	Revisions to UR/Mental Health & Substance abuse(gun bill)	PA13-3	PA13-3
Requiring coverage for wound care for individuals with epidermolysis bullosa	38a-492n	38a-518m	Revisions to Autism Spectrum disorders	PA13-84s.1	PA13-84s.2
			Synchronizing prescription refills for chronic illness	PA13-131s.1	PA13-131s.2
			Copayments for physical therapy	PA13-307s.1	PA13-307s.2

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.
Oxford	Oxford Health Plans (CT), Inc.

Indemnity Managed Care Organizations

Aetna Life	Aetna Life Insurance Co.
Anthem BC-BS	Anthem Blue Cross & Blue Shield of CT, Inc.
Celtic	Celtic Insurance Co.
CIGNA H&L	Cigna Health and Life Insurance Co.
ConnectiCare	ConnectiCare Insurance Co., Inc.
CT General	Connecticut General Life Insurance Co.
Golden Rule	Golden Rule Insurance Co.
John Alden	John Alden Life Insurance Co.
Oxford Health	Oxford Health Insurance Co.
Time	Time 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

Aetna Health, Inc of CT
Aetna Life Insurance Co.
Anthem Blue Cross & Blue Shield of CT, Inc.
Celtic Insurance Co.
CIGNA HealthCare of CT, Inc.
CIGNA Health & Life Insurance Company, Inc.
Connecticut General Life Insurance Co.
ConnectiCare, Inc.
ConnectiCare Insurance Co.
Golden Rule Insurance Co.
John Alden Life Insurance Co.
Oxford Health Plans (CT), Inc.
Oxford Health Insurance Co.
Time Insurance Co.
UnitedHealthcare Insurance Co.

Web Site Address

www.aetna.com
www.aetna.com
www.anthem.com
www.celtic-net.com
www.cigna.com
www.cigna.com
www.cigna.com
www.connecticare.com
www.connecticare.com
www.goldenrule.com
www.assuranthealth.com
www.oxhp.com
www.oxhp.com
www.assuranthealth.com
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	1-877-402-8742	Monday-Friday	8:00am-6:00pm	No
Anthem Blue Cross & Blue Shield of CT, Inc.	108 Leigus Road Wallingford, CT 06492	multiple numbers	Monday-Friday	8:00am-5:00pm	Yes
CIGNA HealthCare of CT, Inc.	900 Cottage Grove Road Bloomfield, CT 06002	1-800-244-6224	Monday-Sunday	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
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
30,384	2,517	32,901	Excellent
103,253	185,608	288,861	Excellent
192	0	192	Commendable
99,535	0	99,535	Excellent
22,961	0	22,961	Commendable

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	1-800-962-6842	Monday-Friday	8:00am-6:00pm
Anthem Blue Cross & Blue Shield of CT, Inc.	108 Leigus Road Wallingford, CT 06492	multiple numbers	Monday-Friday	8:00am-5:00pm
Celtic Insurance Company	233 So. Wacker Dr., Ste. 700 Chicago, IL 60606-6393	1-800-477-7870	Monday-Friday	9:00am-6:00pm
CIGNA Health & Life Insurance Company, Inc.	900 Cottage Grove Road Bloomfield, CT 06002	1-800-244-6224	Monday-Sunday	24 hours per day
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	Monday-Sunday	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
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	1-800-800-1212	Monday-Friday	8:00am-7:00pm
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	86,241	195,954	282,195	Excellent
Yes	201,700	709,615	911,315	NA
Yes	539	0	539	NA
No	41,436	176,148	217,584	Excellent
Yes	57,316	31,553	88,869	NA
Yes	37,556	337,969	375,525	Excellent
Yes	19,518	0	19,518	NA
Yes	250	0	250	NA
No	60,059	0	60,059	Commendable
Yes	1,496	113	1,609	NA
No	110,628	0	100,628	Commendable

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.

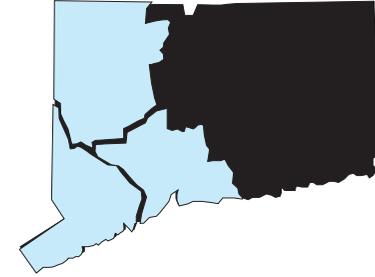
Denied - given to an organization whose programs for service and clinical quality did not meet NCQA requirements during the Accreditation survey.

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



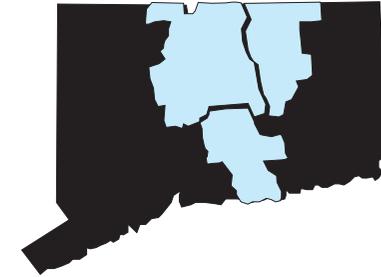
HMO	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	973	2,030	6	156	1,107	2,562	7	173	151	424	3	41
Anthem BC-BS	750	1,664	6	158	718	2,398	7	174	109	181	3	38
CIGNA	1,132	2,829	6	155	1,098	3,637	7	172	151	424	3	40
ConnectiCare	1,085	1,754	6	155	1,382	2,953	7	174	138	216	3	39
Oxford	892	1,684	6	159	957	2,172	7	172	131	287	3	41

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	1,031	2,202	7	179	156	275	2	24	215	321	1	34
Anthem BC-BS	835	2,144	7	175	70	71	2	24	164	232	1	34
CIGNA	1,098	3,278	7	171	147	296	2	21	220	446	1	33
ConnectiCare	1,399	3,122	7	173	86	114	2	24	196	186	1	35
Oxford	955	1,868	7	177	131	146	2	22	241	280	1	34

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



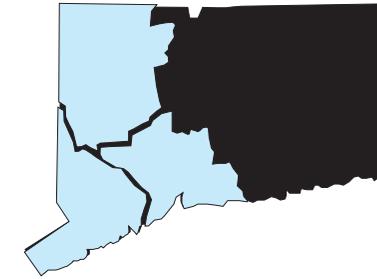
HMO	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	221	579	2	48	133	213	2	22	3,987	8,606	30	677
Anthem BC-BS	192	383	2	48	78	137	2	22	2,916	7,210	30	673
CIGNA	202	635	2	48	134	252	2	22	4,182	11,797	30	662
ConnectiCare	215	493	2	48	114	134	2	22	4,615	8,972	30	670
Oxford	214	374	2	49	120	177	2	22	3,641	6,988	30	676

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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	973	2,032	6	156	1,107	2,566	7	173	151	426	3	41
Anthem BC-BS	775	1,724	6	158	730	2,454	7	174	112	188	3	38
Celtic	651	1,309	6	160	874	1,988	7	179	92	199	3	39
CIGNA H&L	1,132	2,829	6	155	1,098	3,637	7	172	151	424	3	40
ConnectiCare	1,085	1,754	6	155	1,382	2,953	7	174	138	216	3	39
CT General	1,132	2,829	6	155	1,098	3,637	7	172	151	424	3	40
Golden Rule	892	1,684	6	159	957	2,172	7	172	131	287	3	41
John Alden	651	1,309	6	162	874	1,988	7	173	92	199	3	41
Oxford Health	892	1,684	6	159	957	2,172	7	172	131	287	3	41
Time	651	1,309	6	167	874	1,988	7	173	92	199	3	41
United	892	1,684	6	159	957	2,172	7	172	131	287	3	41

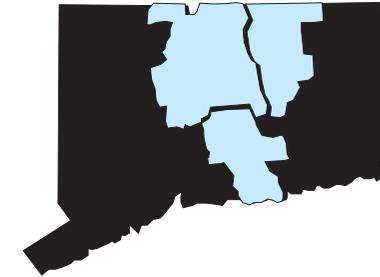
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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	1,031	2,212	7	179	156	277	2	24	215	320	1	34
Anthem BC-BS	841	2,204	7	175	72	74	2	24	166	245	1	34
Celtic	834	1,782	7	184	69	88	2	24	122	172	1	38
CIGNA H&L	1,098	3,278	7	171	147	296	2	21	220	446	1	33
ConnectiCare	1,399	3,122	7	173	86	114	2	24	196	186	1	35
CT General	1,098	3,278	7	171	147	296	2	21	220	446	1	33
Golden Rule	955	1,868	7	177	131	146	2	22	241	280	1	34
John Alden	834	1,782	7	176	69	88	2	22	122	172	1	34
Oxford Health	955	1,868	7	177	131	146	2	22	241	280	1	34
Time	834	1,782	7	176	69	88	2	22	122	172	1	34
United	955	1,868	7	177	131	146	2	22	241	280	1	34

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*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	221	580	2	48	133	213	2	22	3,987	8,626	30	677
Anthem BC-BS	196	399	2	48	78	146	2	22	2,970	7,434	30	673
Celtic	136	314	2	49	65	105	2	23	2,843	5,957	30	696
CIGNA H&L	202	635	2	48	134	252	2	22	4,182	11,797	30	662
ConnectiCare	215	493	2	48	114	134	2	22	4,615	8,972	30	670
CT General	202	635	2	48	134	252	2	22	4,182	11,797	30	662
Golden Rule	214	374	2	49	120	177	2	22	3,641	6,988	30	676
John Alden	136	314	2	49	65	105	2	21	2,843	5,957	30	678
Oxford Health	214	374	2	49	120	177	2	22	3,641	6,988	30	676
Time	136	314	2	49	65	105	2	21	2,843	5,957	30	683
United	214	374	2	49	120	177	2	22	3,641	6,988	30	676

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.

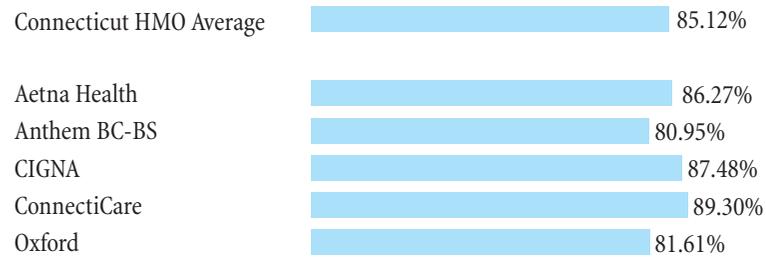
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more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

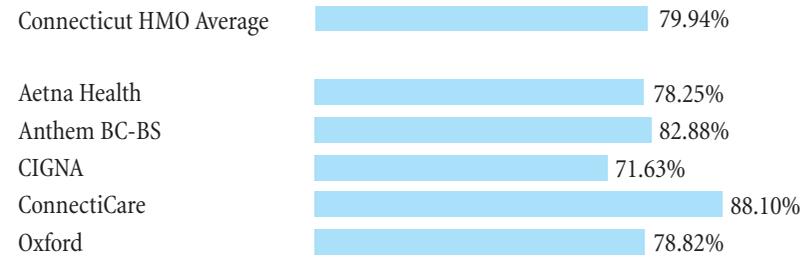
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the HMO's provider network who were board certified as of December 31, 2012.



Percentage of Physician Specialists Who Are Board Certified

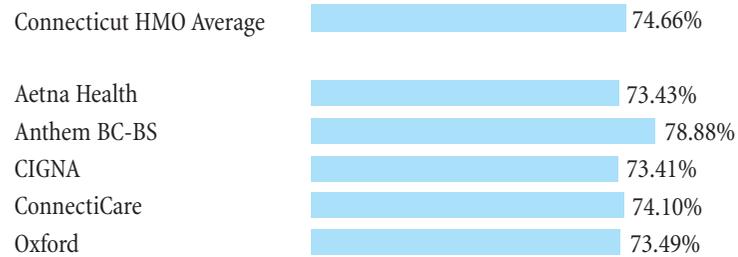
The percentage of physician specialists in the HMO's provider network who were board certified as of December 31, 2012.



Quality Measures

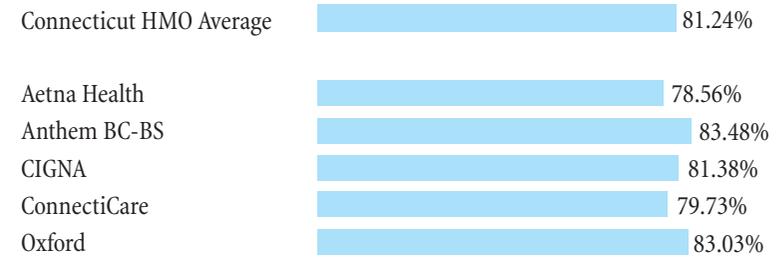
Breast Cancer Screening

The percentage of enrolled women who: (a) were age 40 through 69 years as of December 31, 2012; and (b) were continuously enrolled during 2011 and 2012; and (c) had a mammogram during 2011 or 2012.



Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 24 through 64 years as of December 31, 2012; and (b) were continuously enrolled during 2010, 2011 or 2012; and (c) received one or more Pap tests during 2010, 2011 or 2012.



Quality Measures

Colorectal Cancer Screening

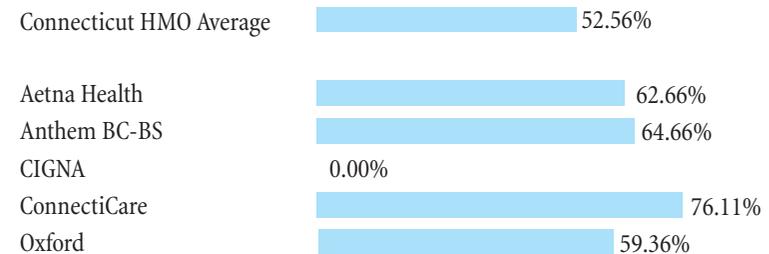
The percentage of members 51-75 who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any of the following criteria:

- a) Fecal occult blood test (FOBT) during 2012.
- b) Flexible sigmoidoscopy during 2012 or the 4 years prior to 2012.
- c) Colonoscopy during 2012 or the 9 years prior to 2012.



Controlling High Blood Pressure

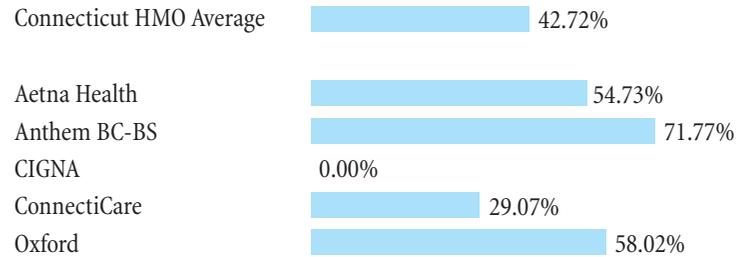
The percentage of members who: (a) were age 18 through 85 years as of December 31, 2012; and (b) were diagnosed with hypertension (HTN); and (c) whose blood pressure was adequately controlled (<140/90) during 2012.



Quality Measures

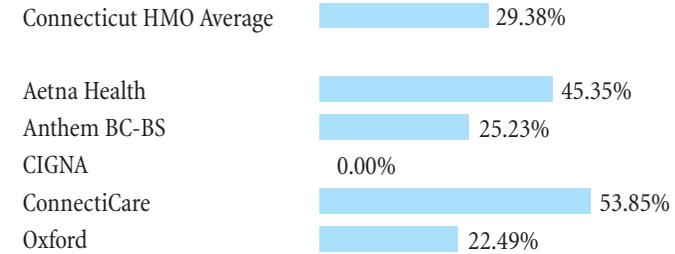
Cholesterol Management for Patients with Cardiovascular Disease

The percentage of enrolled members age 18 through 75 years as of December 31, 2012 who: (a) were discharged alive for acute myocardial infarction, coronary artery bypass graft, or percutaneous coronary interventions between January 1 and November 1, 2011; or (b) who had a diagnosis of ischemic vascular disease during 2012 or 2011; and (c) who had a LDL-C screening and an LDL-C control (<100mg/dl) during 2012



Childhood Immunizations

The percentage of enrolled children who: (a) turned two years old during 2012; 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

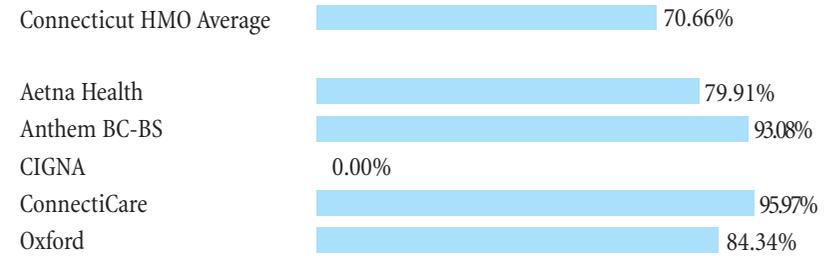
Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2011 and November 5, 2012; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had at least one prenatal care visit in the first trimester or within 42 days of enrollment in the Managed Care Organization.



Postpartum Care Following Delivery

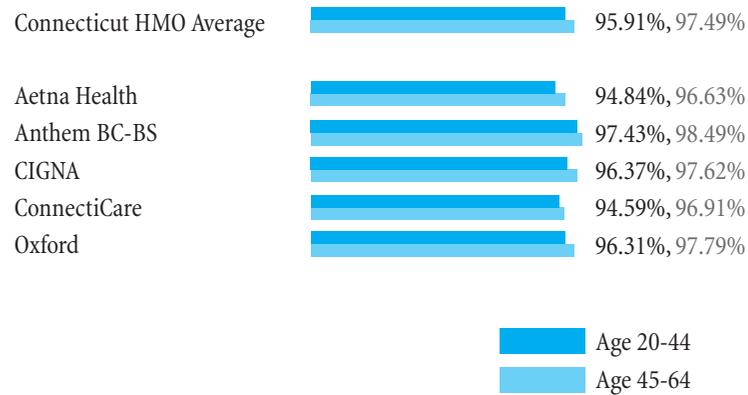
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2011 and November 5, 2012; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



Quality Measures

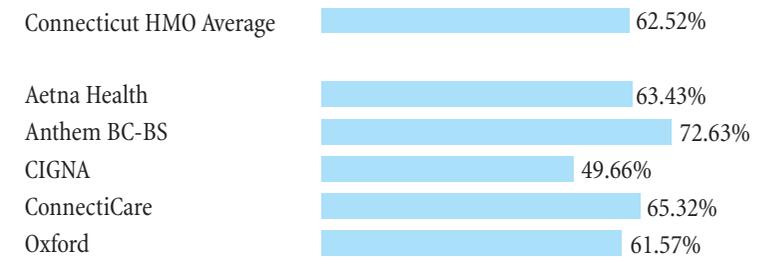
Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2012 who (a) were continuously enrolled in the plan during 2010, 2011 and 2012; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2010, 2011 or 2012.



Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2012; and (b) turned 18 through 75 years of age during 2012; and (c) were continuously enrolled during 2012; and (d) had either a retinal or dilated eye examination in 2012, or had a negative retinal or dilated eye examination in 2011.



Quality Measures

Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 18 years and older as of December 31, 2012; and (b) were hospitalized and discharged alive between July 1, 2011 and June 30, 2012; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received persistent beta-blocker treatment for 6 months after discharge.

Connecticut HMO Average	 43.04%
Aetna Health	 78.57%
Anthem BC-BS	 44.51%
CIGNA	0.00%
ConnectiCare	 92.14%
Oxford	0.00%

Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2012	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	97.17%
Anthem BC-BS	\$156,291,804	\$90.11	13.81	46.10%
CIGNA	\$5,210,134	\$91.01	11.23	99.00%
ConnectiCare	\$138,357,332	\$69.52	13.07	99.00%
Oxford	\$21,105,835	\$88.95	10.83	98.52%

Quality Measures

Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the MCO's provider network who were board certified as of December 31, 2012.



Percentage of Physicians Specialist Who Are Board Certified

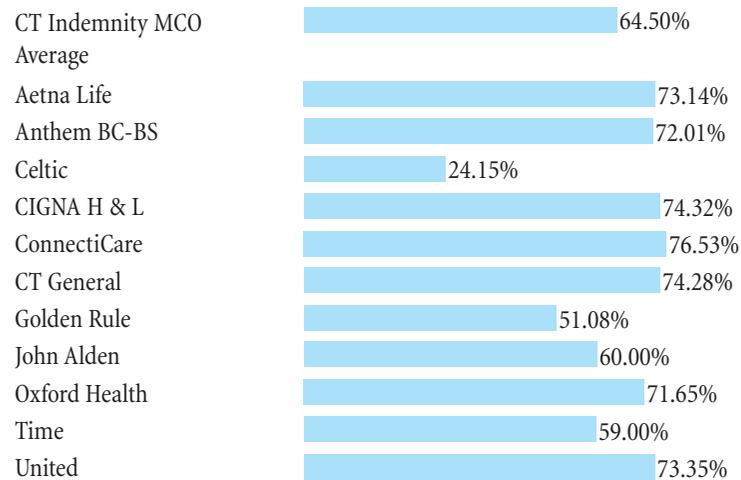
The percentage of physician specialists in the MCO's provider network who were board certified as of December 31, 2012.



Quality Measures

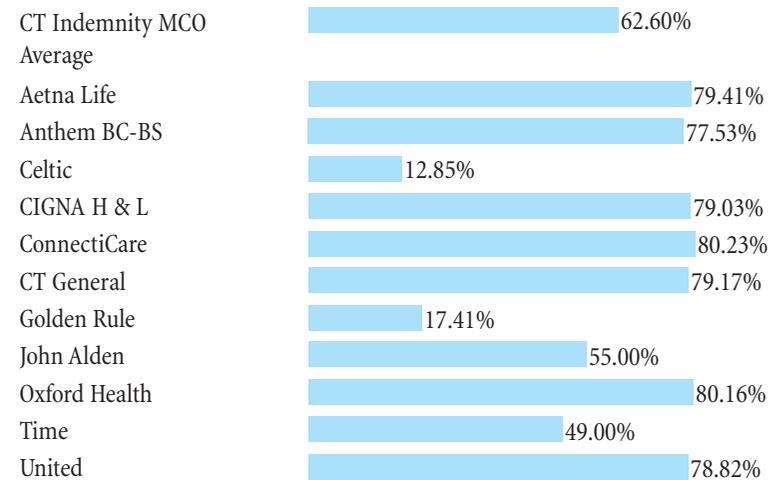
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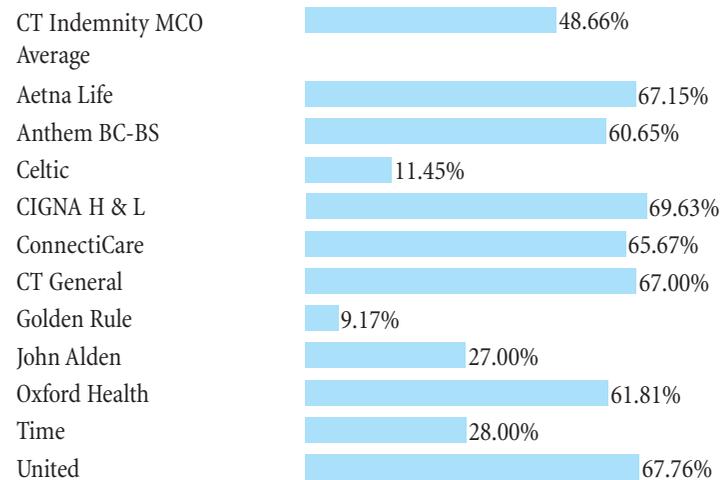


Quality Measures

Colorectal Cancer Screening

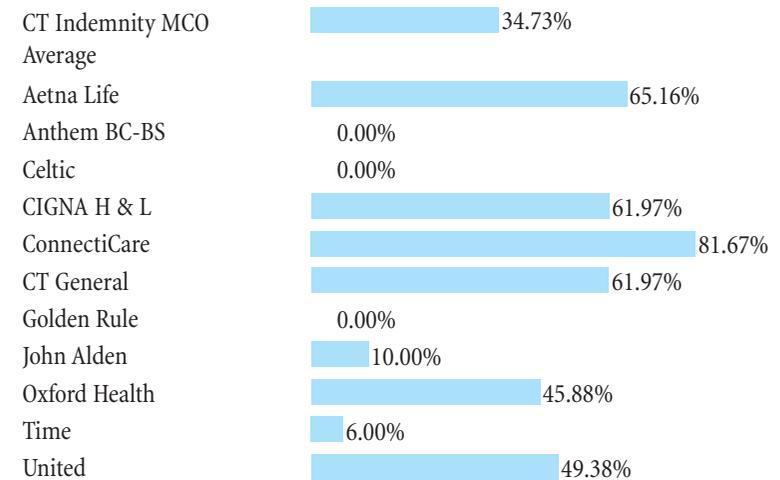
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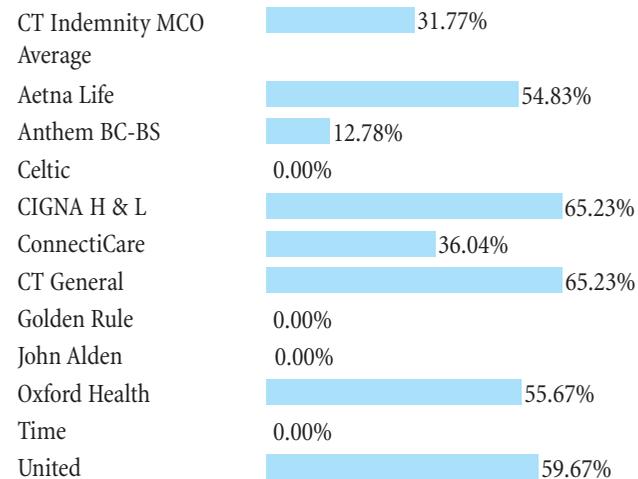
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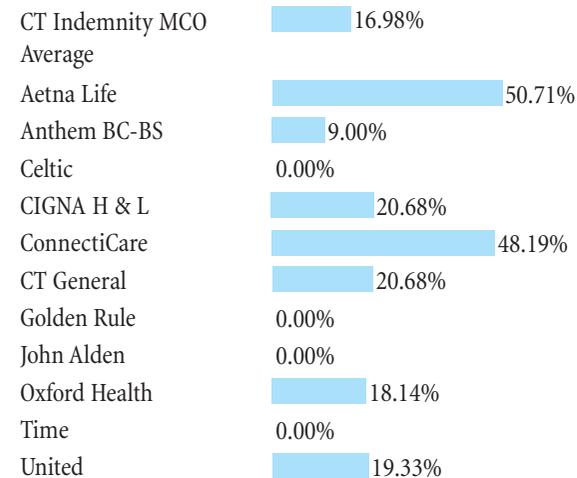
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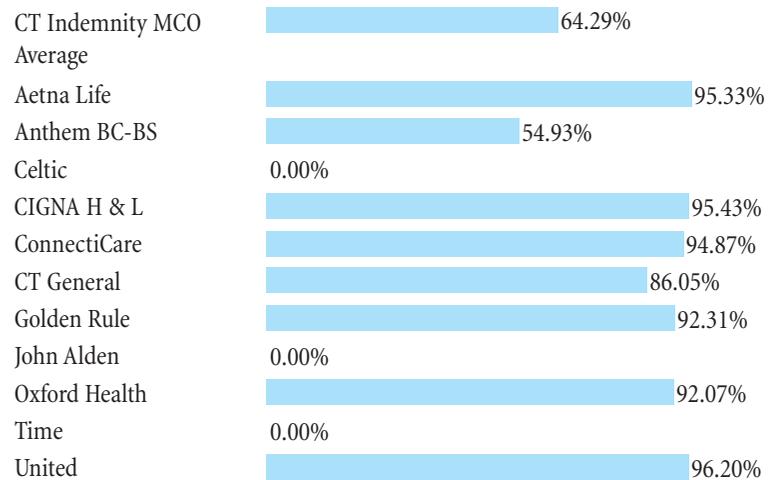
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Quality Measures

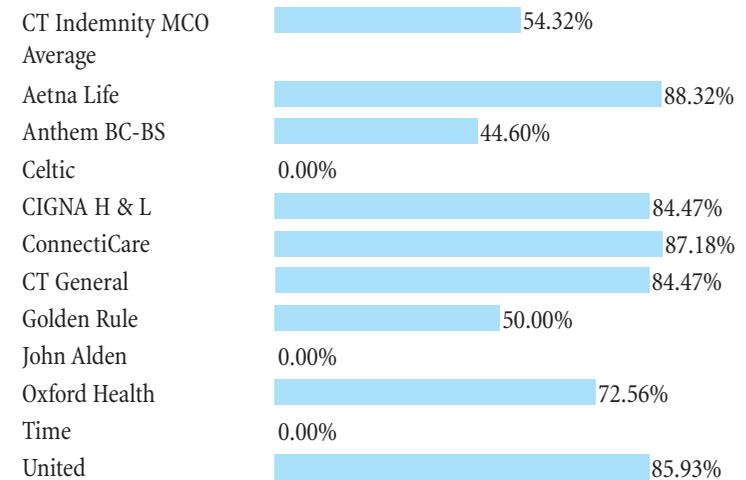
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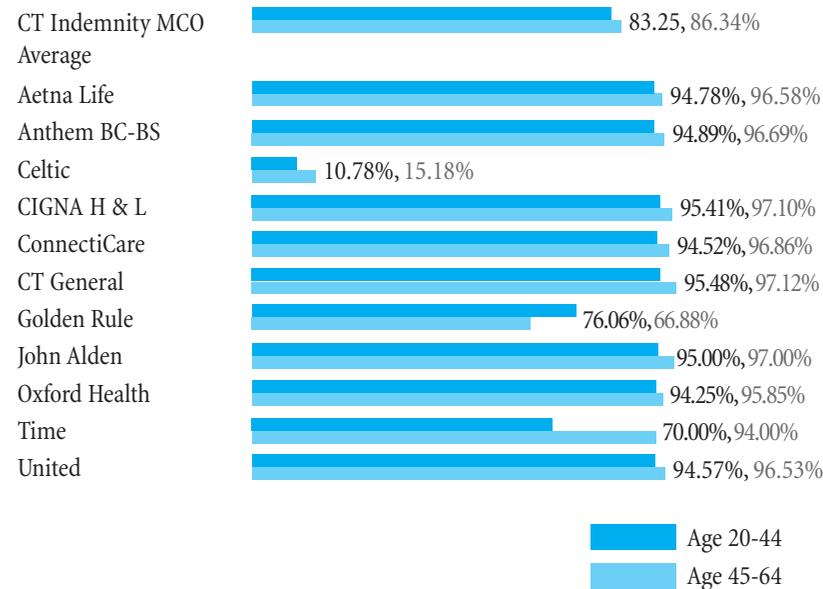
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Quality Measures

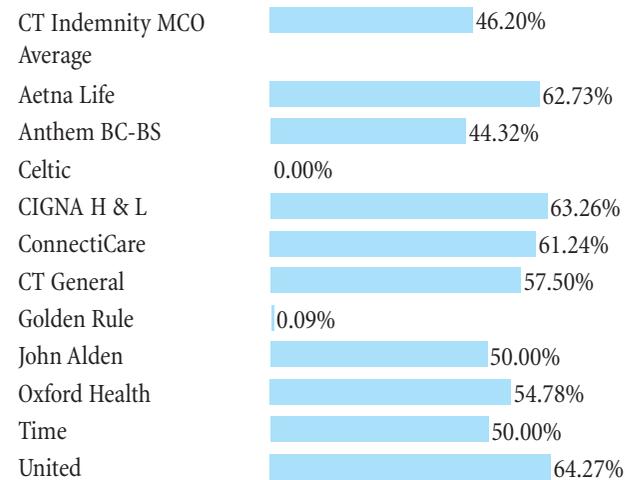
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Quality Measures

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The percentage of all members who: (a) were age 18 years and older as of December 31, 2012; and (b) were hospitalized and discharged alive between July 1, 2011 and June 30, 2012; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received persistent beta-blockers treatment for 6 months after discharge.

CT Indemnity MCO	46.94%
Average	
Aetna Life	88.51%
Anthem BC-BS	42.57%
Celtic	0.00%
CIGNA H & L	71.05%
ConnectiCare	97.44%
CT General	70.88%
Golden Rule	0.05%
John Alden	0.00%
Oxford Health	69.23%
Time	0.00%
United	76.60%

Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2012	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	97.17%
Anthem BC-BS	\$299,781,669	\$80.51	13.42	37.90%
Celtic	\$473,963	\$109.82	9.45	100.00%
CIGNA H & L	\$141,520,001	\$87.80	11.78	95.00%
ConnectiCare	\$40,375,722	\$65.80	12.15	99.00%
CT General	\$73,365,068	\$88.01	11.51	95.00%
Golden Rule	\$6,066,192	\$55.85	26.80	88.40%
John Alden	\$180,196	\$72.46	8.66	100.00%
Oxford Health	\$69,884,762	\$87.74	11.02	98.01%
Time	\$688,605	\$73.62	6.22	100.00%
United	\$67,363,679	\$88.02	11.12	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	Aetna	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Total number of UR requests	15,847	75,738	305	48,672	19,529
Total number of UR denials	1,479	2,755	106	4,577	1,997
Percentage of UR requests denied	9%	4%	35%	9%	10%
Total number of UR denials that were appealed	510	406	6	369	251
Total number of denials that were reversed on appeal	158	226	2	136	144
Percentage of denials that were reversed on appeal	31%	56%	33%	37%	57%
Total number of denials that were appealed, upheld and went to external appeal	3	15	0	31	10
Total number of external appeals that were reversed	1	7	0	8	3
Percentage of external appeals that were reversed	33%	47%	0%	26%	30%

Indemnity Managed Care Organizations Utilization Review Measures

Indemnity Managed Care Organizations	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
Total number of UR requests	21,600	73,801	71	8,574	17,418	51,729	23	17	44,279	59	1,969
Total number of UR denials	1,718	4,697	5	1,875	1,653	22,959	14	2	5,079	8	75
Percentage of UR requests denied	8%	6%	7%	22%	9%	44%	61%	12%	11%	14%	4%
Total number of UR denials that were appealed	744	571	1	31	123	217	1	2	547	2	49
Total number of denials that were reversed on appeal	201	276	0	12	60	61	0	0	293	1	21
Percentage of denials that were reversed on appeal	27%	48%	0%	39%	49%	28%	0%	0%	54%	50%	43%
Total number of denials that were appealed, upheld and went to external appeal	3	33	0	1	10	16	0	1	11	0	3
Total number of external appeals that were reversed	1	9	0	1	2	4	0	1	2	0	0
Percentage of external appeals that were reversed	33%	27%	0%	100%	20%	25%	0%	100%	18%	0%	0%

Health Maintenance Organizations

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2012.	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
1)Number of UR request received					
a) Inpatient Admissions	311	554	6	576	108
b) Outpatient Services	223	980	1	3,572	91
c) Procedures	9	0	0	0	1
d) Extensions of Stay	380	649	13	865	108
2)Number of Total Denials					
a) Inpatient Admissions	11	64	0	2	12
b) Outpatient Services	6	11	0	81	2
c) Procedures	1	0	0	0	0
d) Extensions of Stay	0	58	2	28	12
3)Number of Partial Denials					
a) Inpatient Admissions	0	1	0	1	10
b) Outpatient Services	0	1	0	10	0
c) Procedures	0	0	0	0	0
d) Extensions of Stay	16	0	0	12	10
4)Number of Appeals of Denials					
a) Inpatient Admissions	1	53	1	1	0
b) Outpatient Services	3	8	0	9	7
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	0	0	1	0
5)Number of Denials Reversed on Appeal					
a) Inpatient Admissions	0	3	0	0	0
b) Outpatient Services	1	7	0	1	0
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0
6)Number of upheld appeals that went to external appeal					
a) Inpatient Admissions	0	3	0	1	2
b) Outpatient Services	1	6	0	2	0
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	0	0	2	2
7)Number of External Appeals Reversed on Appeal					
a) Inpatient Admissions	0	1	0	1	0
b) Outpatient Services	0	5	0	0	0
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0

Health Maintenance Organizations

Mental Health Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	197	1,065	24	465	198
Report the total discharges / 1,000 member months* *for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	3.01	4.16	0.16	0.25	0.34
Report the average length of stay.	8.27	7.70	15.20	8.19	11.93

Mental Health Utilization - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of members who received care					
A) Any Mental Health Service	4,091	32,911	503	11,752	4,745
B) Inpatient Mental Health Services	102	812	14	375	152
C) Intensive Outpatient or Partial Hospitalization Health Services	92	587	8	154	101
D) Outpatient or Emergency Department Health Services	4,067	32,797	498	11,700	4,716
Report the percentage of the above numbers who received the respective service.					
A) Inpatient Mental Health Services	0.23%	0.31%	0.23%	0.20%	0.32%
B) Intensive Outpatient or Partial Hospitalization Health Services	0.21%	0.23%	0.13%	0.08%	0.21%
C) Outpatient or Emergency Department Health Services	9.37%	12.62%	8.07%	6.10%	9.84%

Health Maintenance Organizations

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	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	617	18	303	225
Report the total discharges / 1,000 member months* *for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	1.25	2.41	0.12	0.16	4.70
Report the average length of stay.	4.63	5.40	6.94	5.50	4.81

Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of members who received care					
a) Any Chemical Dependency Service	749	5,120	79	2,325	957
b) Inpatient Chemical Dependency Services	155	1,091	15	453	289
c) Intensive Outpatient or Partial Hospitalization Dependency Services	101	634	7	148	137
d) Outpatient or Emergency Department Dependency Services	663	4,578	73	2,157	793
Report the percentage of the above numbers who received the respective service.					
a) Inpatient Chemical Dependency Services	0.36%	0.42%	0.24%	0.24%	0.60%
b) Intensive Outpatient or Partial Hospitalization Dependency Services	0.23%	0.24%	0.11%	0.08%	0.29%
d) Outpatient or Emergency Department Dependency Services	1.53%	1.76%	1.18%	1.12%	1.65%

Health Maintenance Organizations

Mental Health Utilization - Follow-up After Hospitalization for Mental Illness	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
The percentage of discharges from an inpatient setting of an acute care facility, including acute psychiatric facilities, with a discharge date on or between Jan. 1 and Dec 1, 2012 for members 6 yrs of age or older who were hospitalized for treatment of select mental health disorders.					
a) Who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner on the date of discharge up to 30 days after the hospital discharge.	77.78%	79.68%	0.00%	83.55%	85.37%
b) Who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner on the date of discharge up to 7 days after the hospital discharge.	71.11%	64.94%	0.00%	71.62%	70.73%
Mental Health Utilization - Antidepressant Medication Management	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
The percentage of members 18 and older as of Apr. 30, 2012, who were continuously enrolled 90 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, 2011 and Apr. 30, 2012, and treated with antidepressant medication, who met 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 for at least an 84-day period (12 week) acute treatment phase.	77.57%	71.63%	0.00%	69.43%	66.17%
b) Who remained on antidepressant medication for at least 180 days (6 months) continuation phase.	61.22%	56.62%	0.00%	53.68%	54.14%

Health Maintenance Organizations

Claim Expenses -	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2012 through Dec. 31, 2012 for each of the following.					
Inpatient Mental Health	\$4.89	\$2.80	\$8.86	\$2.87	\$3.07
Inpatient Substance Abuse	\$1.11	\$0.42	\$0.62	\$0.88	\$0.91
Outpatient Mental Health	\$5.87	\$8.18	\$2.92	\$3.95	\$8.04
Outpatient Substance Abuse	\$1.49	\$1.15	\$0.15	\$1.18	\$0.79
Total of the above overall	\$13.36	\$12.55	\$12.55	\$8.88	\$12.81

Claim Denial Data -	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
For the period of Jan.1, 2012 through Dec. 31, 2012. The total number of claims received for that period.	129,292	1,305,916	5,028	3,742,937	935,016
Provide the number of denials of the total in each of the following:					
1) not a covered benefit	35,035	15,383	65	21,154	13,449
2) not medically necessary	994	434	2	3,262	3,789
3) not an eligible enrollee/dependent	8,548	39,481	20	120,338	41,549
4) incomplete submission	0	9,779	86	48,628	82,455
5) duplicate submission	0	34,938	50	131,574	48,601
6) all other miscellaneous	84,715	134,677	152	322,188	60,132
Provide the denials as a percentage of the total in each of the following:					
1) not a covered benefit	2.53%	1.18%	1.29%	0.57%	1.44%
2) not medically necessary	0.07%	0.05%	0.04%	0.09%	0.41%
3) not an eligible enrollee/dependent	0.62%	3.00%	0.40%	3.22%	4.44%
4) incomplete submission	0.00%	0.75%	1.71%	1.30%	8.82%
5) duplicate submission	0.00%	2.70%	1.00%	3.52%	5.20%
6) all other miscellaneous	6.13%	10.31%	3.01%	8.61%	6.43%

Indemnity Managed Care Companies

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2012.	Aetna Life	Anthem BC-BS	Celtic	CIGNA H&L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
1) Number of UR requests received											
a) Inpatient Admissions	330	665	0	126	252	216	0	1	285	10	16
b) Outpatient Services	266	1,321	0	125	1,816	252	0	0	181	0	26
c) Procedures	5	0	0	0	0	0	0	0	3	0	0
d) Extensions of Stay	424	868	0	603	451	886	0	0	285	4	21
2) Number of Total Denials											
a) Inpatient Admissions	3	101	0	7	1	10	0	0	42	0	4
b) Outpatient Services	7	34	0	8	39	17	0	0	5	0	14
c) Procedures	1	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	94	0	26	14	51	0	0	42	0	9
3) Number of Partial Denials											
a) Inpatient Admissions	0	0	0	0	0	2	0	0	28	0	1
b) Outpatient Services	0	0	0	4	9	3	0	0	4	0	5
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	15	0	0	0	6	0	0	0	28	0	4
4) Number of Appeals of Denials											
a) Inpatient Admissions	2	80	0	4	0	4	0	0	2	0	1
b) Outpatient Services	3	28	0	1	3	4	0	0	9	0	3
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	12	1	19	0	0	2	0	3
5) Number of Denials Reversed on Appeal											
a) Inpatient Admissions	0	5	0	1	0	1	0	0	0	0	1
b) Outpatient Services	1	0	0	0	2	0	0	0	0	0	1
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	3	0	2	0	0	0	0	2
6) Number of upheld appeals that went to External Appeal											
a) Inpatient Admissions	0	2	0	0	0	0	0	0	3	0	0
b) Outpatient Services	0	21	0	0	0	2	0	0	0	0	0
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	2	2	0	0	3	0	0
7) Number of external appeals reversed on appeal											
a) Inpatient Admissions	0	1	0	0	0	0	0	0	0	0	0
b) Outpatient Services	0	9	0	0	1	2	0	0	0	0	0
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0	2	0	0	0	0	0

Indemnity Managed Care Companies

Mental Health Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	342	1,390	0	722	126	746	106	0	269	6	552
Report the total discharges / 1,000 member mths* * for Medicaid. Commercial & Medicare use:	2.43	3.73	0.00	0.21	0.21	0.20	0.50	0.00	0.30	4.17	0.31
discharges / 1,000 members per year											
Report the average length of stay.	7.87	8.60	0.00	9.38	9.33	9.56	7.00	0.00	8.16	25.00	9.09

Mental Health Utilization - Percentage by Level of Care

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
1) Report the total number of members who received											
a) Any Mental Health Service	25,185	58,119	0	23,015	3,574	23,518	1,867	15	7,732	123	14,135
b) Inpatient Mental Health Services	684	1,410	0	556	101	570	98	0	197	6	410
c) Intensive Outpatient or Partial Hospitalization Health Services	543	1,098	0	458	43	466	0	0	152	0	334
d) Outpatient or Emergency Department Health Services	25,056	57,687	0	22,915	3,558	23,413	1,847	14	7,688	121	14,074
2) Report the percentage of the above numbers who received the respective service											
a) Inpatient Mental Health Services	0.24%	0.22%	0.00%	0.22%	0.15%	0.22%	5.25%	0.00%	0.26%	0.40%	0.27%
b) Intensive Outpatient or Partial Hospitalization Health Services	0.19%	0.17%	0.00%	0.18%	0.07%	0.18%	0.00%	0.00%	0.20%	0.00%	0.22%
c) Outpatient or Emergency Department Health Services	8.89%	9.21%	0.00%	9.04%	5.08%	9.01%	98.93%	5.07%	10.33%	8.09%	9.35%

Indemnity Managed Care Companies

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	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	764	1	518	71	536	11	0	250	0	568
Report the total discharges / 1,000 member mths* * for Medicaid. Commercial & Medicare use:	1.38	2.05	0.02	0.15	0.12	0.14	0.05	0	0.28	0	0.22
Report the average length of stay.	5.01	5.50	2.00	5.90	5.63	5.94	4.00	0.00	4.31	0.00	6.45

Alcohol & Other Drug Services - Percentage by Level of Care

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
1) Report the total number of members who received care											
a) Any Chemical Dependency Service	4,064	9,152	1	3,272	636	3,351	229	2	1,149	8	2,183
b) Inpatient Chemical Dependency Services	929	1,934	1	696	110	711	29	0	303	0	568
c) Intensive Outpatient or Partial Hospitalization Health Services	528	1,086	0	456	51	463	0	1	166	1	275
d) Outpatient or Emergency Department Health Services	3,597	8,031	1	2,958	597	3,031	222	2	995	7	1,972
2) Report the percentage of the above numbers who received the respective service											
a) Inpatient Chemical Dependency Services	0.33%	0.31%	0.15%	0.27%	0.17%	0.27%	12.66%	0.00%	0.41%	0.00%	0.38%
b) Intensive Outpatient or Partial Hospitalization Health Services	0.19%	0.17%	0.00%	0.18%	0.08%	0.18%	0.00%	0.36%	0.22%	0.07%	0.18%
c) Outpatient or Emergency Department Health Services	1.28%	1.28%	0.15%	1.17%	0.90%	1.17%	96.40%	0.72%	1.34%	0.47%	1.31%

Indemnity Managed Care Companies

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

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
The percentage of discharges from a inpatient setting of an acute care facility, including acute psychiatric facilities, with a discharge date on or between Jan 1 and Dec 1, 2012 for members 6 yrs of age or older who were hospitalized for treatment of select mental health disorders.											
a) who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practioner on the date of discharge up to 30 days after the hospital discharge.	81.01%	71.59%	100.00%	82.55%	86.00%	82.49%	83.33%	5.43%	84.36%	6.08%	84.95%
b) who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practioner on the date of discharge up to 7 days after the hospital discharge.	66.14%	56.74%	100.00%	67.45%	71.00%	67.51%	64.29%	1.81%	64.80%	2.47%	73.66%

Mental Health Utilization - Antidepressant Medication Management

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
The percentage of members 18 and older as of Apr. 30, 2012, who were continuously enrolled 90 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, 2011 and Apr. 30, 2012, and treated with antidepressant medication, who met 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.	76.56%	71.10%	0.00%	74.41%	73.66%	74.00%	0.00%	0.00%	70.41%	0.00%	69.30%
b) Who remained on antidepressant medication for at least 180 days (6 months).	62.31%	56.58%	0.00%	59.12%	53.66%	58.56%	0.00%	0.00%	57.40%	0.07%	54.08%

Claim Expenses -

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2012 through Dec. 31, 2012, for each of the following.											
Inpatient Mental Health	\$3.09	\$2.56	\$0.00	\$3.34	\$2.20	\$2.25	\$3.58	\$0.07	\$2.43	\$1.38	\$3.80
Inpatient Substance Abuse	\$0.28	\$0.45	\$2.44	\$0.75	\$0.70	\$0.42	\$0.75	\$0.09	\$0.54	\$1.11	\$2.34
Outpatient Mental Health	\$4.61	\$8.55	\$0.00	\$5.12	\$1.74	\$4.70	\$4.36	\$0.94	\$6.48	\$15.66	\$7.60
Outpatient Substance Abuse	\$2.18	\$1.76	\$0.01	\$0.64	\$1.21	\$0.58	\$1.04	\$1.05	\$0.91	\$0.62	\$1.25
Total of the above overall	\$10.16	\$13.32	\$2.45	\$9.85	\$5.85	\$7.95	\$9.73	\$2.15	\$10.36	\$18.77	\$14.99

Claim Denial Data

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
For the period of Jan.1, 2012 through Dec. 31, 2012											
Total number of claims recieved for the period	1,689,259	2,073,450	2,391	527,410	1,355,043	613,891	188,365	3,683	2,244,627	17,236	4,634,889
Provide the number of denials, of the total for each of the following:											
1) not a covered benefit	63,812	11,445	5	3,876	7,502	4,671	12,932	84	22,024	356	253,036
2) not medically necessary	1,114	1,793	3	197	946	301	108	0	12,469	2	103,616
3) not an eligible enrollee/dependent	109,316	74,077	1	342	20,446	423	5,185	0	65,651	3	9,155
4) incomplete submission	0	33,309	0	251	17,266	277	1,474	5	198,679	279	35,294
5) duplicate submission	0	61,208	3	416	48,749	503	11,351	239	118,684	860	226,810
6) all other miscellaneous	100,447	196,809	22	28,650	89,692	49,781	1,453	59	117,158	225	637,248
Provide denials as a percent of the total claims for the following reasons:											
1) not a covered benefit	3.77%	0.55%	0.21%	0.69%	0.55%	0.76%	6.87%	2.28%	0.98%	2.07%	5.46%
2) not medically necessary	0.00%	0.09%	0.13%	0.04%	0.07%	0.05%	0.06%	0.00%	0.56%	0.01%	2.24%
3) not an eligible enrollee/dependent	6.47%	3.60%	0.04%	0.06%	1.51%	0.07%	2.75%	0.00%	2.92%	0.02%	0.20%
4) incomplete submission	0.00%	1.60%	0.00%	0.05%	1.27%	0.05%	0.78%	0.14%	8.85%	1.61%	0.76%
5) duplicate submission	0.00%	2.95%	0.13%	0.07%	3.60%	0.08%	6.03%	6.49%	5.29%	4.99%	4.89%
6) all other miscellaneous	5.95%	9.50%	0.92%	5.11%	6.62%	8.11%	0.77%	1.60%	5.22%	1.31%	13.75%

Member Satisfaction Survey – Health Maintenance Organizations

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Percentage of Managed Care members surveyed.	4.16%	1.00%	20.65%	0.77%	5.26%
The percentage of those surveyed who responded.	23.99%	26.28%	19.25%	27.00%	33.03%
Q. In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?					
Never	0.70%	2.78%	4.80%	2.00%	3.79%
Sometimes	10.60%	6.67%	7.50%	14.00%	11.04%
Usually	36.60%	25.00%	35.80%	36.00%	32.49%
Always	52.10%	65.56%	51.90%	48.00%	52.68%
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	1.60%	1.66%	1.30%	1.00%	2.06%
Sometimes	15.90%	9.13%	13.00%	16.00%	12.61%
Usually	31.20%	18.67%	29.70%	35.00%	27.52%
Always	51.30%	70.54%	56.10%	48.00%	57.80%
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	1.10%	1.71%	1.60%	4.00%	1.44%
Sometimes	11.40%	4.27%	7.20%	7.00%	7.21%
Usually	14.80%	17.09%	31.30%	27.00%	20.20%
Always	72.70%	76.92%	60.00%	63.00%	71.15%
Q. In the last 12 months, how often was it easy to get care, tests or treatment, you thought you needed through your health plan?					
Never	1.00%	1.72%	1.60%	2.00%	0.47%
Sometimes	9.20%	3.86%	9.40%	9.00%	6.12%
Usually	27.60%	25.32%	31.40%	36.00%	24.94%
Always	62.20%	69.10%	57.60%	53.00%	68.47%
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	1.50%	4.17%	8.70%	5.00%	4.30%
Sometimes	25.40%	27.78%	30.10%	37.00%	36.56%
Usually	50.70%	48.61%	42.70%	39.00%	44.09%
Always	22.40%	19.44%	18.50%	19.00%	15.05%

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	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	2.90%	0.00%	1.70%	0.00%	2.40%
Sometimes	24.30%	11.11%	26.90%	12.00%	14.40%
Usually	31.40%	22.22%	24.40%	27.00%	25.60%
Always	41.40%	66.67%	47.10%	61.00%	57.60%
Q. In the last 12 months, how often were you satisfied with your prescription drug coverage?					
Never	5.10%	0.00%	0.40%	8.00%	1.86%
Sometimes	18.20%	6.20%	15.20%	14.00%	6.00%
Usually	29.10%	23.50%	48.20%	45.00%	38.10%
Always	47.60%	70.30%	36.20%	33.00%	54.04%
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	28.60%	44.50%	53.20%	42.00%	42.08%
Deductible too high	21.40%	11.10%	4.30%	23.00%	10.41%
Maximum benefit too low	7.10%	0.00%	2.10%	5.00%	3.62%
Cost of the benefit coverage too high	7.10%	0.00%	8.50%	2.00%	5.43%
Managed care guidelines too restrictive (i.e. prior authorization)	14.30%	11.10%	13.50%	5.00%	14.93%
Drug not included on the formulary	21.40%	33.30%	18.40%	13.00%	23.53%
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	0.00%	0.40%	0.40%	1.00%	0.41%
1	0.50%	0.00%	0.40%	2.00%	0.62%
2	1.40%	0.79%	0.00%	3.00%	0.41%
3	4.10%	0.40%	0.70%	2.00%	1.24%
4	3.20%	1.98%	1.10%	3.00%	1.86%
5	16.70%	4.37%	7.10%	8.00%	5.77%
6	9.90%	5.56%	9.60%	9.00%	4.74%
7	15.30%	12.70%	11.80%	18.00%	11.55%
8	22.50%	19.05%	34.60%	25.00%	23.51%
9	13.10%	26.98%	18.60%	13.00%	22.47%
(best possible) 10	13.50%	27.78%	15.70%	18.00%	27.42%

Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare
Percentage of Managed Care members surveyed.	1.46%	0.55%	72.00%	0.84%	1.07%
The percentage of those surveyed who responded.	24.56%	25.76%	11.00%	20.68%	34.00%
Q. In the last 12 months, how often did you get an appointment with a specialist as soon as you needed.					
Never	1.20%	1.27%	43.00%	4.00%	2.00%
Sometimes	7.20%	5.73%	9.00%	7.50%	9.00%
Usually	29.50%	35.67%	20.00%	34.80%	38.00%
Always	62.00%	57.32%	28.00%	53.70%	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	2.60%	1.89%	24.00%	0.40%	1.00%
Sometimes	11.80%	8.49%	15.00%	11.50%	13.00%
Usually	27.10%	25.00%	23.00%	28.90%	34.00%
Always	58.50%	64.62%	38.00%	59.30%	53.00%
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%	1.08%	30.00%	0.80%	0.00%
Sometimes	2.90%	6.45%	12.00%	5.50%	13.00%
Usually	20.20%	20.43%	24.00%	22.00%	27.00%
Always	76.90%	72.04%	34.00%	71.70%	60.00%
Q. In the last 12 months, how often was it easy to get care, tests or treatment, you thought you needed through your health plan?					
Never	0.90%	0.00%	30.00%	1.50%	2.00%
Sometimes	6.60%	2.80%	10.00%	4.90%	9.00%
Usually	23.80%	31.78%	30.00%	31.20%	34.00%
Always	68.70%	65.42%	30.00%	62.40%	55.00%
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	2.80%	5.97%	24.00%	5.20%	6.00%
Sometimes	26.90%	26.87%	43.00%	29.30%	29.00%
Usually	47.20%	46.27%	15.00%	50.90%	44.00%
Always	23.10%	20.90%	18.00%	14.70%	21.00%

CT General	Golden Rule	John Alden	Oxford Health	Time	United
1.61%	5.10%	22.00%	3.71%	60.49%	1.32%
19.96%	25.30%	11.00%	23.12%	13.00%	27.60%
4.40%	26.80%	33.33%	2.21%	28.25%	3.24%
7.50%	13.00%	16.67%	11.50%	14.25%	13.77%
35.30%	26.80%	50.00%	27.88%	30.25%	30.36%
52.80%	33.40%	0.00%	58.41%	27.25%	52.63%
0.90%	14.30%	33.33%	0.36%	14.15%	1.85%
12.30%	18.10%	16.67%	13.50%	14.15%	14.20%
29.30%	26.90%	50.00%	29.93%	27.36%	29.94%
57.70%	40.70%	0.00%	56.20%	44.34%	54.01%
1.20%	15.40%	33.33%	0.98%	21.51%	2.13%
7.70%	7.00%	16.67%	8.82%	9.68%	9.93%
22.10%	25.10%	50.00%	26.47%	24.73%	20.57%
69.10%	52.50%	0.00%	63.73%	44.08%	67.38%
1.60%	14.50%	33.33%	0.00%	16.83%	2.11%
7.20%	9.80%	16.67%	11.59%	15.84%	7.25%
31.30%	31.90%	50.00%	25.72%	29.70%	29.61%
60.00%	43.80%	0.00%	62.68%	37.63%	61.03%
7.00%	34.10%	16.67%	3.23%	26.80%	4.82%
29.70%	18.40%	50.00%	39.78%	27.84%	30.12%
46.80%	26.30%	16.67%	37.63%	29.90%	46.39%
16.60%	21.20%	16.67%	19.35%	15.46%	18.67%

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	6.80%	3.33%	28.00%	5.00%	2.00%
Sometimes	1.40%	8.33%	21.00%	24.00%	18.00%
Usually	21.60%	31.67%	24.00%	27.00%	34.00%
Always	60.20%	56.67%	27.00%	44.00%	46.00%
Q. In the last 12 months, how often were you satisfied with your prescription drug coverage?					
Never	9.10%	1.30%	33.00%	2.10%	6.00%
Sometimes	17.80%	7.10%	21.00%	16.40%	16.00%
Usually	28.40%	28.30%	24.00%	46.60%	42.00%
Always	44.70%	63.30%	22.00%	34.90%	36.00%
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	14.30%	48.00%	43.00%	40.40%	43.00%
Deductible too high	28.60%	12.00%	38.00%	19.20%	17.00%
Maximum benefit too low	4.80%	8.00%	0.00%	6.00%	2.00%
Cost of the benefit coverage too high	9.50%	12.00%	10.00%	14.60%	9.00%
Managed care guidelines too restrictive (i.e. prior authorization)	19.00%	8.00%	0.00%	9.30%	9.00%
Drug not included on the formulary	23.80%	12.00%	9.00%	10.60%	21.00%
Q. Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?					
(worst possible) 0	0.70%	0.43%	3.00%	1.40%	1.00%
1	1.10%	0.43%	6.00%	0.00%	2.00%
2	1.50%	0.00%	9.00%	0.70%	2.00%
3	1.50%	2.55%	16.00%	2.00%	3.00%
4	1.90%	0.85%	10.00%	3.10%	3.00%
5	8.50%	7.66%	13.00%	9.20%	17.00%
6	7.80%	6.38%	6.00%	9.80%	7.00%
7	20.70%	11.91%	19.00%	15.90%	10.00%
8	24.40%	27.66%	9.00%	24.40%	26.00%
9	15.90%	17.45%	3.00%	19.30%	19.00%
(best possible) 10	15.90%	24.68%	6.00%	14.20%	11.00%

CT General	Golden Rule	John Alden	Oxford Health	Time	United
3.40%	30.90%	0.00%	2.25%	19.42%	6.19%
25.50%	13.20%	60.00%	16.85%	18.45%	21.24%
25.70%	23.20%	20.00%	35.96%	24.27%	35.40%
45.60%	32.70%	20.00%	44.94%	37.86%	37.17%
1.30%	30.30%	0.00%	2.94%	24.00%	3.85%
15.80%	21.60%	40.00%	17.97%	24.00%	17.31%
47.40%	23.60%	60.00%	48.04%	21.00%	49.18%
35.60%	24.50%	0.00%	31.05%	31.00%	29.67%
46.80%	24.10%	66.66%	38.38%	36.84%	48.28%
11.80%	26.20%	0.00%	21.62%	29.82%	14.66%
4.10%	4.70%	0.00%	3.78%	3.51%	3.45%
11.60%	20.90%	33.34%	5.41%	12.28%	6.90%
11.40%	5.80%	0.00%	12.97%	7.02%	8.19%
14.50%	18.30%	0.00%	17.84%	10.53%	18.53%
0.90%	7.10%	0.00%	1.29%	4.63%	1.09%
0.20%	3.30%	16.66%	1.94%	3.70%	0.82%
0.40%	3.70%	0.00%	1.62%	4.63%	0.55%
1.40%	6.70%	0.00%	2.27%	7.41%	2.73%
2.10%	5.80%	16.66%	3.56%	4.63%	2.73%
8.20%	16.30%	16.67%	11.65%	15.74%	9.56%
9.70%	9.20%	16.67%	11.33%	8.33%	9.56%
13.90%	11.30%	16.67%	12.94%	18.52%	20.77%
29.50%	19.20%	0.00%	22.98%	16.67%	24.32%
19.00%	7.80%	0.00%	16.83%	11.11%	17.76%
15.00%	9.60%	16.67%	13.59%	4.63%	10.11%

2011 Medical Loss Ratio By Carrier

Carrier Name	Type of MCO	2012 State Medical Loss Ratio	Individual 2012 Federal Medical Loss Ratio	Small Group 2012 Federal Medical Loss Ratio	Large Group 2012 Federal Medical Loss Ratio
Aetna Health, Inc. of CT	HMO	86.20%	107.20%	88.70%	89.50%
Aetna Life Insurance Company	Indemnity	78.50%	78.70%	63.70%	79.50%
Anthem Blue Cross & Blue Shield of CT, Inc.	HMO	82.80%	88.90%	85.70%	90.00%
Anthem Blue Cross & Blue Shield of CT, Inc.	Indemnity	83.70%	88.90%	85.70%	90.00%
Celtic Insurance Company	Indemnity	76.00%	76.00%	0.00%	0.00%
CIGNA Health & Life Insurance Company, Inc.	Indemnity	88.93%	-16.60%	78.70%	94.30%
CIGNA HealthCare of CT., Inc.	HMO	1.10%	107.20%	93.00%	124.40%
ConnectiCare Insurance Co. Inc.	Indemnity	80.10%	80.90%	77.50%	88.80%
ConnectiCare, Inc.	HMO	83.20%	97.60%	82.70%	87.10%
Connecticut General Life Insurance Company	Indemnity	93.18%	112.40%	83.30%	88.40%
Golden Rule Insurance Company	Indemnity	78.20%	82.00%	0.00%	0.00%
John Alden Life Insurance Company	Indemnity	80.91%	77.80%	78.40%	74.10%
Oxford Health Insurance, Inc.	Indemnity	79.30%	89.00%	81.00%	85.00%
Oxford Health Plans (CT), Inc.	HMO	76.90%	94.00%	84.00%	81.00%
Time Insurance Company	Indemnity	57.96%	75.10%	84.70%	62.50%
UnitedHealthCare Insurance Company	Indemnity	75.92%	92.70%	-267.60%	89.90%

Glossary

Adverse determination: Any prospective review, concurrent review or retrospective review determination that denies, reduces or terminates or fails to provide or make payment, in whole or in part, for a benefit under the health carrier's health benefit plan requested by a covered person or a covered person's treating health care professional. "Adverse determination" includes a rescission of coverage determination for grievance purposes.

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 use of a set of formal techniques designed to monitor the use of, or evaluate the medical necessity, appropriateness, efficacy or efficiency of, health care services, health care procedures or health care settings. Such techniques may include the monitoring of or evaluation of (A) health care services performed or provided in an outpatient setting, (B) the formal process for determining, prior to discharge from a facility, the coordination and management of the care that a patient receives following discharge from a facility, (C) opportunities or requirements to obtain a clinical evaluation by a health care professional other than the one originally making a recommendation for a proposed health care service, (D) coordinated sets of activities conducted for individual patient management of serious, complicated, protracted or other health conditions, or (E) prospective review, concurrent review, retrospective review or certification.

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.**

American Republic Insurance Company

601 Sixth Avenue
Des Moines, IA 50334
1-800-247-2190

Guardian Life Insurance Company of America

7 Hanover Square
New York, NY 10004
1-800-873-4542

Trustmark Insurance Company

400 Field Drive
Lake Forest, IL 60045
1-800-366-6663

Trustmark Life Insurance Company

400 Field Drive
Lake Forest, IL 60045
1-800-366-6663

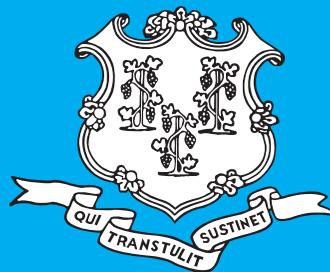
Union Security Insurance Company

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
Access Health CT (CT Insurance Exchange)	Online source for Health Insurance	280 Trumbull Street, 15th Floor Hartford, CT 06103	855-805-HEALTH	http://www.accesshealthct.com



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

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