

*Consumer Report Card
on Health Insurance
Carriers in Connecticut*



October 2015



Dear Health Insurance Customer:

I know how important and challenging making the right health insurance decision can be for you and your family, particularly when you have many options. This Consumer Report Card is designed to help you as a consumer make an informed decision.

To help you through that, each year the Connecticut Insurance Department (CID) compares Health Maintenance Organizations – commonly referred to as HMOs – and up to 15 insurers with the highest premium volume in Connecticut, that offer Managed Care Plans. We compile information from customer surveys on the overall satisfaction that members have with their plans.

The Report Card also provides you with data on provider networks by county and offers a range of quality measures such as breast cancer screening, controlling high blood pressure, prenatal care, childhood immunization and much more. You can even compare the track record for each insurer on requests and denials for services and appeal outcomes.

To assist you in your decision making, we have provided an easy-to-use Worksheet that lists the criteria that the CID 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 best meets your needs.

Connecticut residents are fortunate to have many health insurance options. Therefore, you will find that companies offer a range of benefits at different prices based on various factors. 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.

I am confident you will find the information in the Report Card useful and hope you will take a few minutes to fill out the Worksheet. Doing so may make the difference in helping you choose the most appropriate plan and company for you and your family.

Sincerely,

Katharine L. Wade
Insurance Commissioner

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About This Report Card

The information in this report card is based on data provided by the MCOs as of year end 2014. 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	Blood screening added to preventive pediatric	38a-490d	38a-535(b)
Applications must include state and federal MLR	38a-477c	38a-477c	Definition of dependent child to 26	38a-497	38a-512b
Medical necessity	38a-482a	38a-513c	Ambulance Service	38a-498	38a-525
Regulating limited benefit medical plans	38a-482b	38a-513d	Extend isolation & emergency services to mobile field hospitals	38a-498b	38a-525b
No Lifetime max. on "essential benefits"/defined lifetime on non-essential benefits	38a-482c	38a-512c	Health Care Services to Residents with Elevated Blood Alcohol Levels	38a-498c	38a-525c
Experimental Treatments	38a-483c	38a-513b	Mammography/Breast Cancer Screening	38a-503	38a-530
Benefits for Mental Illness	38a-488a	38a-514	Maternity Care & Postpartum Care (48/96 hrs)	38a-503c	38a-530c
Therapies for treatment of autism spectrum	38a-488b	38a-514b	Mastectomy or Lymph Node Dissection (48 hrs)	38a-503d	38a-530d
Continuation for Mentally or Physically Handicapped Children	38a-489	38a-515	Prescription Birth Control	38a-503e	38a-530e
Newborn Infants	38a-490	38a-516	Tumors and Leukemia/Breast Implant Removal & Reconstruction, oral chemotherapy	38a-504	38a-542
Birth-To-Three Program (Early Intervention Services)	38a-490a	38a-516a	Cancer Clinical Trials	38a-504a-g	38a-542a-g
Hearing Aids for Children 12 and Younger	38a-490b	8a-516b	OON facility during treatment in a clinical trials	38a-504d	38a-542d
Craniofacial Disorders	38a-490c	38a-516c	Coverage for Prospective Adoptive Children	38a-508	38a-549
Coverage for In-patient Dental	38a-491a	38a-517a	Infertility Treatment & Procedures	38a-509	38a-536
Accidental Ingestion of a Controlled Drug	38a-492	38a-518	Prescription Drug- mail order prohibition	38a-510	38a-544
Coverage for Hypodermic Needles and Syringes	38a-492a	38a-518a	Access to Imaging Services	38a-511	38a-550
Cancer Drugs Not to be Excluded	38a-492b	38a-518b	Preventive Pediatric Care		38a-535
Coverage for Prescription Foods/Formula	38a-492c	38a-518c	Notice of Cancellation of Group Coverage		38a-537
Coverage for Diabetes	38a-492d	38a-518d	Policy to Allow Spouse Coverage as Both Dependent and Employee		38a-541
Diabetes Outpatient Self-Management Training	38a-492e	38a-518e	Age Discrimination-Small Group less than 20 Employee		38a-543
Screening for Prostate Cancer	38a-492g	38a-518g	Continuation of Coverage		38a-546
Lyme Disease Treatment	38a-492h	38a-518h	Copayments for therapy services	38a-511a	38a-550a
Pain Management	38a-492i	38a-518i	Continuation, Extension & Conversion Rights		38a-512a
Ostomy Appliances and Supplies	38a-492j	38a-518j	Group specified disease benefit		38a-513d
Colorectal Cancer Screening	38a-492k	38a-518k			
Developmental Needs of Children & Youth with Cancer	38a-492l	38a-516d	New Public Acts for 2015		
Requiring coverage for wound care for individuals with epidermolysis bullosa	38a-492n	38a-518m	Facilitation of Telehealth	PA15-88	PA15-88
			Revisions to Mental Health Statute	PA15-226	PA15-226

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.
Anthem	Anthem Health Plans, Inc.
CIGNA	CIGNA HealthCare of CT, Inc.
ConnectiCare	ConnectiCare, Inc.
Harvard	Harvard Pilgrim Health Care of CT, Inc.
Oxford	Oxford Health Plans (CT), Inc.

Indemnity Managed Care Organizations

Aetna Life	Aetna Life Insurance Co.
Anthem	Anthem Health Plans, Inc.
Celtic	Celtic Insurance Co.
CIGNA H&L	Cigna Health & Life Insurance Co.
ConnectiCare Benefits	ConnectiCare Benefits, Inc.
ConnectiCare	ConnectiCare Insurance Co.
CT General	Connecticut General Life Insurance Co.
Golden Rule	Golden Rule Insurance Co.
HPHC	HPHC Insurance Co.
Healthy CT	Healthy CT, Inc.
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	Web Site Address
Aetna Health, Inc of CT	www.aetna.com
Aetna Life Insurance Co.	www.aetna.com
Anthem Health Plans, Inc.	www.anthem.com
Celtic Insurance Co.	www.celtic-net.com
CIGNA HealthCare of CT, Inc.	www.cigna.com
CIGNA Health & Life Insurance Company, Inc.	www.cigna.com
Connecticut General Life Insurance Co.	www.cigna.com
ConnectiCare, Inc.	www.connecticare.com
ConnectiCare Benefits, Inc.	www.connecticare.com
ConnectiCare Insurance Co.	www.connecticare.com
Golden Rule Insurance Co.	www.goldenrule.com
HPHC Insurance Co.	www.harvardpilgrim.org
Harvard Pilgrim Health Care of CT, Inc.	www.harvardpilgrim.org
Healthy CT	www.healthyct.org
John Alden Life Insurance Co.	www.assuranthealth.com
Oxford Health Plans (CT), Inc.	www.oxhp.com
Oxford Health Insurance Co.	www.oxhp.com
Time Insurance Co.	www.assuranthealth.com
UnitedHealthcare Insurance Co.	www.uhc.com

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

Health Maintenance Organizations

HMO	Address	CUSTOMER SERVICE INFORMATION			Does the HMO market to individuals?
		Customer Service Phone Number	Days of the week the phone is staffed	Hours the phone is staffed	
Aetna Health, Inc.	151 Farmington Ave. Hartford, CT 06156	1-877-402-8742	Monday-Friday	8:00am-6:00pm	No
Anthem Health Plans, 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
Harvard Pilgram Health Care of Connecticut, Inc.	93 Worcester Street Wellesley, MA 02468	1-888-333-4742	Monday-Friday	8:00am-6:00pm	No
Oxford Health Plans (CT), Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222 (member) 1-800-666-1353 (provider)	Monday-Friday	8:00am-6:00pm	No

Health Maintenance Organizations

Fully Insured Enrollment	Other Enrollment	Total Enrollment	Level of NCQA Accreditation Achieved ¹
34,320	759	35,079	Commendable
59,100	178,593	237,693	Excellent
67	0	67	Accredited
40,148	0	40,148	Commendable
5	0	5	NA
5,762	0	5,762	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 Health Plans, Inc.	108 Leigus Rd. Wallingford, CT 06492	multiple numbers	Monday-Friday	8:00am-5:00pm
Celtic Insurance Company	77 West Wacker Dr., Ste. 1200 Chicago, IL 60601	1-800-477-7870	Monday-Friday	9:00am-6:00pm
CIGNA Health & Life Insurance Company, Inc.	900 Cottage Grove Road Bloomfield, CT 06152	1-800-244-6260	Monday-Sunday	24 hours per day
ConnectiCare Benefits, 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
ConnectiCare Insurance Co. Inc.	175 Scott Swamp Road Farmington, CT 06032	1-800-251-7722 and 860-674-5757	Monday-Friday	Mon-Thu 8:00am-6:00pm Fri 8:00am-5:00pm
Connecticut General Life Insurance Company	900 Cottage Grove Road Hartford, CT 06152	1-800-244-6224	Monday-Sunday	24 hours per day
Golden Rule Insurance Company	7440 Woodland Drive Indianapolis, IN 46278-1719	1-800-657-8205	Monday-Friday	8:00am-6:00pm
HPHC Insurance Company, Inc.	93 Worcester Street Wellesley, MA 02468	888-333-4742	Monday-Friday	8:00a.m.-6:00p.m.
Healthy CT, Inc.	35 Thorpe Ave., Suite 104 Wallingford, CT 06492	varies by group/ind/size	Monday-Friday	8:00a.m.-6:00p.m. Ind/SG 8:30a.m.-5:00p.m. LG
John Alden Life Insurance Company	501 West Michigan St. Milwaukee, WI 53203	1-800-800-1212	Monday-Friday	8:00am-7:00pm
Oxford Health Insurance, Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222(member) or 1-800-666-1353(provider)	Monday-Friday	8:00am-6:00pm
Time Insurance Company	501 West Michigan St. Milwaukee, WI 53203	1-800-800-1212	Monday-Friday	8:00am-7:00pm
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
No	175,739	246,801	422,540	Commendable
Yes	175,440	685,553	860,993	NA
Yes	165	0	165	NA
No	50,640	438,412	489,052	Commendable
Yes	30,064	0	30,064	NA
Yes	129,508	28,707	158,215	Commendable
No	61	0	61	Commendable
Yes	24,813	0	24,813	NA
No	598	0	598	NA
Yes	7,966	0	7,966	Interim Accreditation
Yes	95	0	95	NA
No	46,745	0	46,745	Commendable
Yes	3,345	1,322	4,667	NA
Yes	115,551	0	115,551	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.

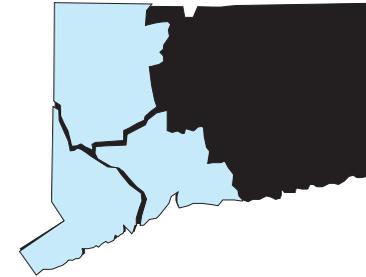
Denied - given to an organization whose programs for service and clinical quality did not meet NCQA requirements during the Accreditation survey.

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



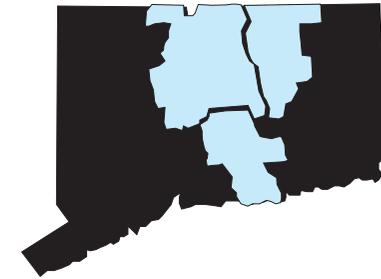
HMO	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	1,054	2,223	6	163	1,190	2,823	7	181	148	533	3	40
Anthem	1,030	1,818	6	160	1,177	2,515	7	179	140	248	3	39
CIGNA	1,196	3,157	6	166	1,298	4,041	7	180	178	480	3	40
ConnectiCare	1,214	1,983	6	161	1,404	3,261	7	181	144	211	3	39
Harvard	177	521	5	250	215	1,281	4	263	30	81	2	56
Oxford	916	1,793	6	159	955	2,275	6	179	126	294	2	39

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	1,056	2,335	7	187	145	292	2	25	183	464	1	36
Anthem	1,100	2,399	7	182	95	98	2	23	221	253	1	36
CIGNA	1,144	3,421	7	185	173	333	2	24	245	429	1	36
ConnectiCare	1,583	3,411	7	183	103	99	2	24	210	198	1	36
Harvard	474	1,324	7	282	34	39	2	45	54	146	1	57
Oxford	967	1,904	7	182	124	155	2	25	206	282	1	35

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

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

Health Maintenance Organizations

Number of Providers Located in Each Connecticut County



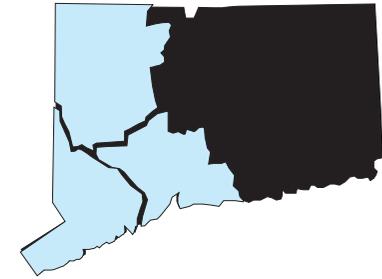
HMO	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	238	609	2	51	136	229	2	23	4,150	9,508	30	706
Anthem	282	438	2	52	122	128	2	23	4,167	7,897	30	694
CIGNA	222	725	2	58	141	284	2	23	4,597	12,870	30	712
ConnectiCare	290	579	2	52	125	125	2	23	5,073	9,867	30	699
Harvard	27	97	1	78	39	35	2	47	1,050	3,524	24	1,078
Oxford	242	403	2	56	123	169	2	22	3,659	7,275	28	697

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

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

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County*



Indemnity Managed Care Organization	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Life	1,054	2,223	6	163	1,190	2,823	7	181	148	533	3	40
Anthem	1,049	1,860	6	160	1,183	2,563	7	179	143	255	3	39
Celtic	629	1,385	6	160	864	2,137	7	177	79	114	3	40
CIGNA H&L	1,202	3,258	6	166	1,312	4,072	7	180	180	511	3	40
ConnectiCare Benefits	1,276	2,457	6	161	1,202	2,573	7	181	143	201	3	39
ConnectiCare	1,214	1,983	6	161	1,404	3,261	7	181	144	211	3	39
CT General	1,202	3,258	6	166	1,312	4,072	7	180	180	511	3	40
Golden Rule	916	1,793	6	159	955	2,275	6	179	126	294	2	39
HPHC	177	521	5	250	215	1,281	4	263	30	81	2	56
Healthy CT	1,012	1,661	6	159	894	2,195	7	180	111	161	3	40
John Alden	629	1,385	6	166	864	2,137	7	182	79	114	3	40
Oxford Health	916	1,793	6	159	955	2,275	6	179	126	294	2	39
Time	629	1,385	6	166	864	864	7	182	79	114	3	40
United	916	1,793	6	159	955	2,275	6	179	126	294	2	39

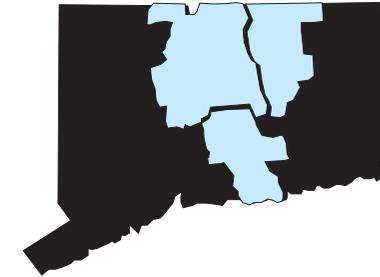
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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	1,056	2,335	7	187	145	292	2	25	183	464	1	36
Anthem	1,103	2,445	7	182	96	89	2	23	221	268	1	36
Celtic	751	1,897	7	183	60	53	2	23	104	147	1	36
CIGNA H&L	1,163	3,517	7	185	175	354	2	24	251	447	1	36
ConnectiCare Benefits	1,503	3,212	7	183	98	86	2	24	210	183	1	36
ConnectiCare	1,583	3,411	7	183	103	99	2	24	210	198	1	36
CT General	1,163	3,517	7	185	175	354	2	24	251	447	1	36
Golden Rule	967	1,904	7	182	124	155	2	25	206	282	1	35
HPHC	474	1,324	7	282	34	39	2	45	54	146	1	57
Healthy CT	1,195	2,040	7	183	65	64	2	24	153	180	1	36
John Alden	751	1,897	7	189	60	53	2	24	104	147	1	36
Oxford Health	967	1,904	7	182	124	155	2	25	206	282	1	35
Time	751	1,897	7	189	60	53	2	24	104	147	1	36
United	967	1,904	7	182	124	155	2	25	206	282	1	35

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

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

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

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County*



Indemnity Managed Care Organization	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Life	238	609	2	51	136	229	2	23	4,150	9,508	30	706
Anthem	287	453	2	52	122	135	2	23	4,204	8,068	30	694
Celtic	159	377	2	52	62	96	2	23	2,708	6,206	30	694
CIGNA H&L	239	777	2	58	142	296	2	23	4,664	13,232	30	712
ConnectiCare Benefits	288	565	2	52	120	153	2	23	4,840	9,430	30	699
ConnectiCare	290	579	2	52	125	125	2	23	5,073	9,867	30	699
CT General	239	777	2	58	142	296	2	23	4,664	13,232	30	712
Golden Rule	242	403	2	56	123	169	2	22	3,659	7,275	28	697
HPHC	27	97	1	78	39	35	2	47	1,050	3,524	24	1,078
Healthy CT	218	344	2	56	101	94	2	22	3,749	6,739	30	700
John Alden	159	377	2	52	62	96	2	24	2,708	6,206	30	713
Oxford Health	242	403	2	56	123	169	2	22	3,659	7,275	28	697
Time	159	377	2	52	62	96	2	24	2,708	4,933	30	713
United	242	403	2	56	123	169	2	22	3,659	7,275	28	697

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.

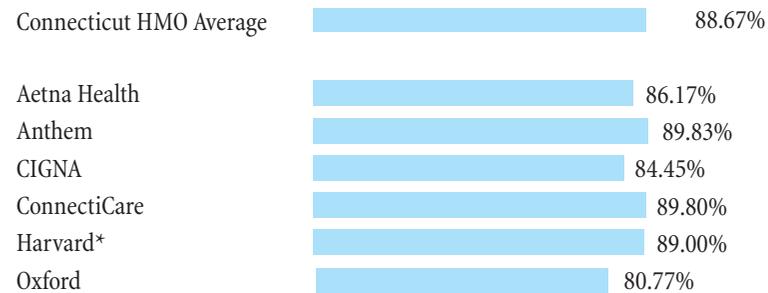
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more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

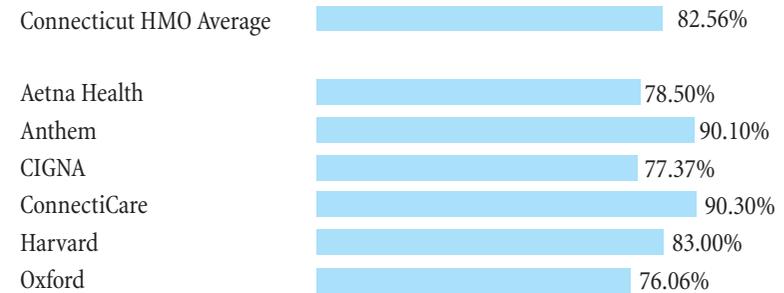
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the HMO's provider network who were board certified as of December 31, 2014.



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, 2014.

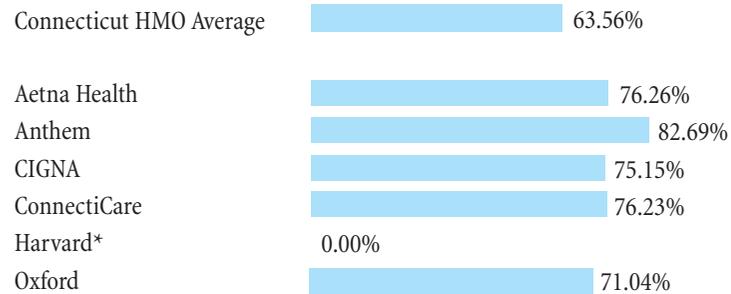


* Continuous enrollment criteria has not been met (new company)

Quality Measures

Breast Cancer Screening

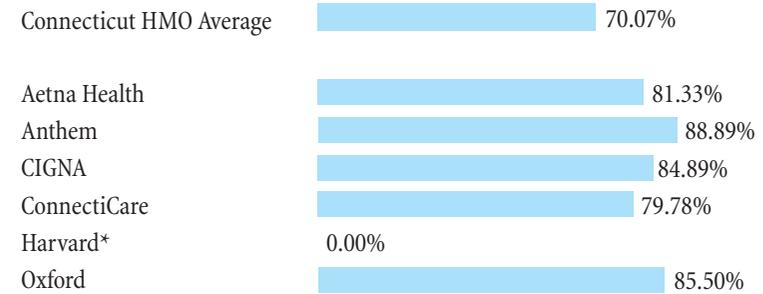
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2014; and (b) continuously enrolled from October 1, 2012 through December 31, 2014; and (c) had 1 or more mammogram between October 1, 2012 and December 31, 2014.



Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 24 through 64 years as of December 31, 2014; and (b) were continuously enrolled during 2012, 2013, or 2014; and (c) who were either;

- a woman age 21-64, who had cervical cytology performed in 2014 or the 2 years prior.
- A woman age 30-64, who had cervical cytology/human papillomavirus (HPV) co-testing performed in the 2014 or the 4 years prior.

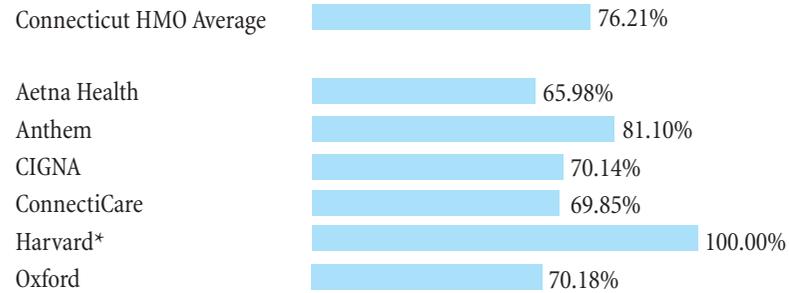


* Continuous enrollment criteria has not been met (new company)

Quality Measures

Colorectal Cancer Screening

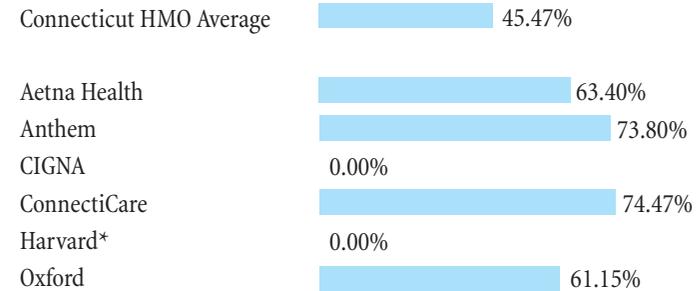
The percentage of members 51-75 years as of December 31, 2014, who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: (a) Fecal occult blood test (FOBT) during 2014. (b) Flexible sigmoidoscopy during 2014 or the four years prior to 2014. (c) Colonoscopy during 2014 or the nine years prior to 2014.



Controlling High Blood Pressure

The percentage of members who: were diagnosed with hypertension (HTN) : (a) were age 18 through 85 years as of December 31, 2014; and (b) were diagnosed with hypertension (HTN); and (c) whose blood pressure was adequately controlled during 2014, based on any of the following criteria.

- members 18-59 years of age whose BP was <140/90 mm Hg
- members 60-85 years of age with a diagnosis of diabetes whose BP <140/90 mm Hg
- members 60-85 years of age without a diagnosis of diabetes whose BP <150/90 mm Hg

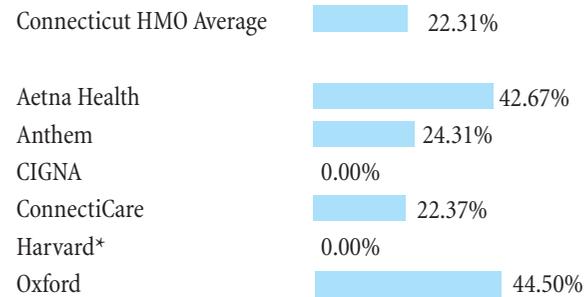


* Continuous enrollment criteria has not been met (new company)

Quality Measures

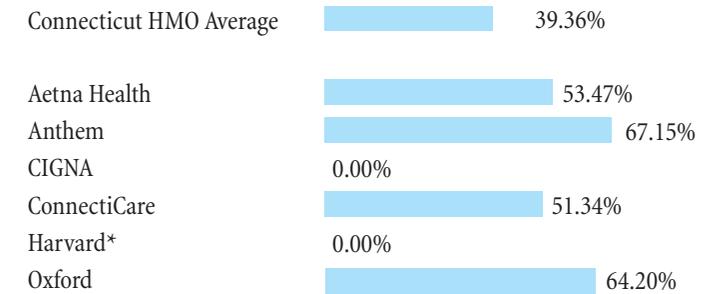
Cholesterol Management for Patients with Cardiovascular Disease

The percentage of enrolled members age 18 through 75 years as of December 31, 2014, who were continuously enrolled during 2013 and 2014 who: (a) were discharged alive for acute myocardial infarction, coronary artery bypass graft, or percutaneous coronary interventions in 2013; or (b) who had a diagnosis of ischemic vascular disease during 2014 or 2013; and who had a LDL-C screening and an LDL-C control (<100 mg/dL) during 2014.



Childhood Immunizations

The percentage of enrolled children who: (a) turned two years old during 2014; 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.

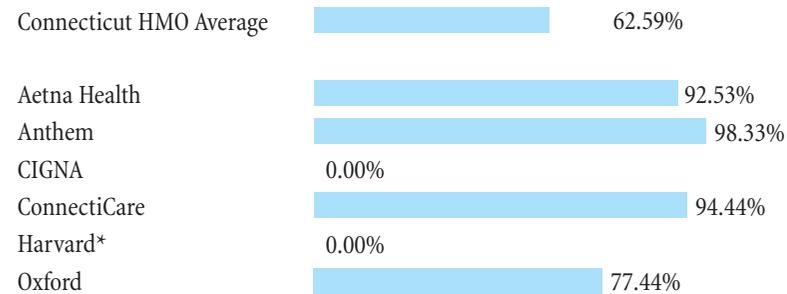


* Continuous enrollment criteria has not been met (new company)

Quality Measures

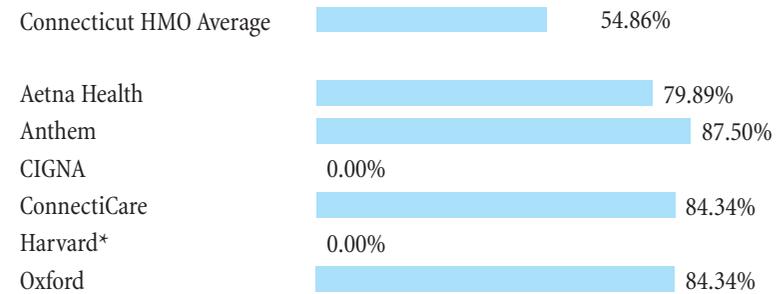
Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2013 and November 5, 2014; 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, 2013 and November 5, 2014; 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.

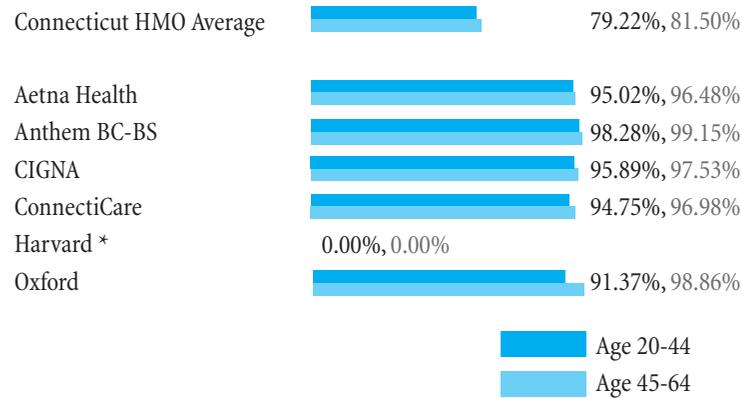


* Continuous enrollment criteria has not been met (new company)

Quality Measures

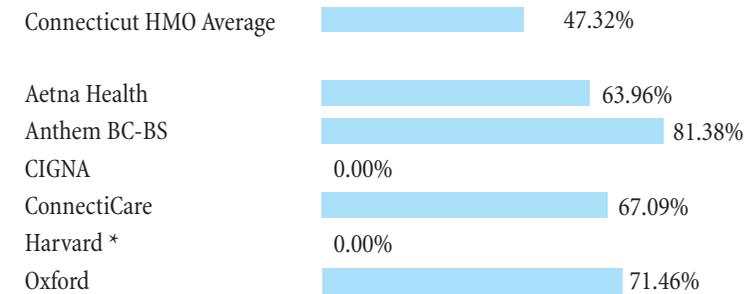
Adult Access to Preventive/Ambulatory Health Services

The percentage of enrollees age 20-44 as of December 31, 2014 who:
 (a) were continuously enrolled in the plan during 2012, 2013 and 2014; and
 (b) had at least one ambulatory or preventive care visit in 2012, 2013 or 2014.
 The percentage of enrollees age 45-64 as of December 31, 2014 who:
 (a) were continuously enrolled in the plan during 2012, 2013 and 2014; and
 (b) had at least one ambulatory or preventive care visit in 2012, 2013 or 2014.



Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who:
 (a) were enrolled on December 31, 2014; and (b) were 18 through 75 years of age during 2014; and (c) were continuously enrolled during 2014; (d) who had either a retinal or dilated eye examination in 2014, or had a negative retinal or dilated eye examination in 2013.



* Continuous enrollment criteria has not been met (new company)

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, 2014; and (b) were hospitalized and discharged between July 1, 2013 and June 30, 2014; 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		43.69%
Aetna Health		93.33%
Anthem		85.00%
CIGNA		0.00%
ConnectiCare		83.82%
Harvard*		0.00%
Oxford		0.00%

* Continuous enrollment criteria has not been met (new company)

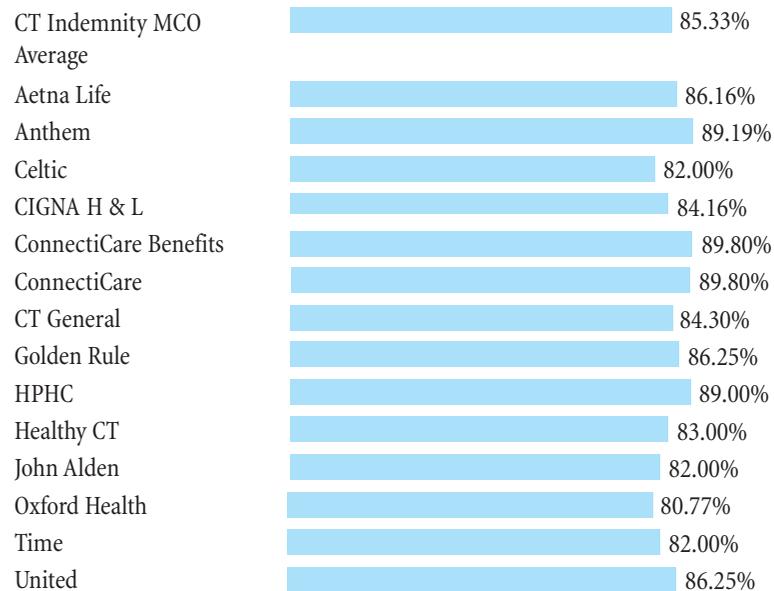
Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2014	Average cost per prescription	Average annual number of prescriptions per member per year	Average Cost per member per month
Aetna Health	\$1,067,835,891	\$101.60	8.88	\$75.22
Anthem	\$126,540,267	\$106.53	14.98	\$132.96
CIGNA	\$2,589,251	\$94.06	10.68	\$83.75
ConnectiCare	\$189,219,469	\$76.88	13.70	\$87.75
Harvard*	\$12,039	\$267.53	18.00	\$401.30
Oxford	\$12,558,691	\$95.59	11.59	\$92.29

Quality Measures

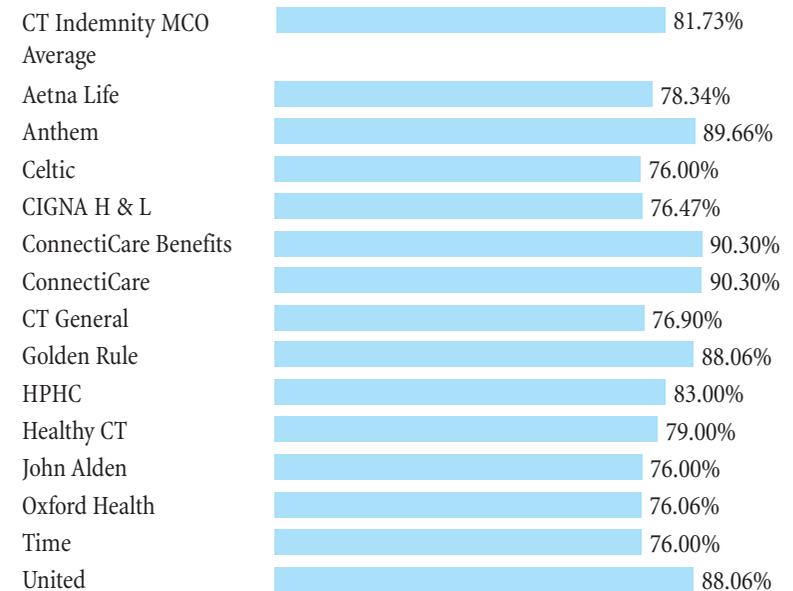
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the Managed Care Organization provider network who were board certified as of December 31, 2014.



Percentage of Physicians Specialist Who Are Board Certified

The percentage of physician specialists in the Managed Care Organization provider network who were board certified as of December 31, 2014.

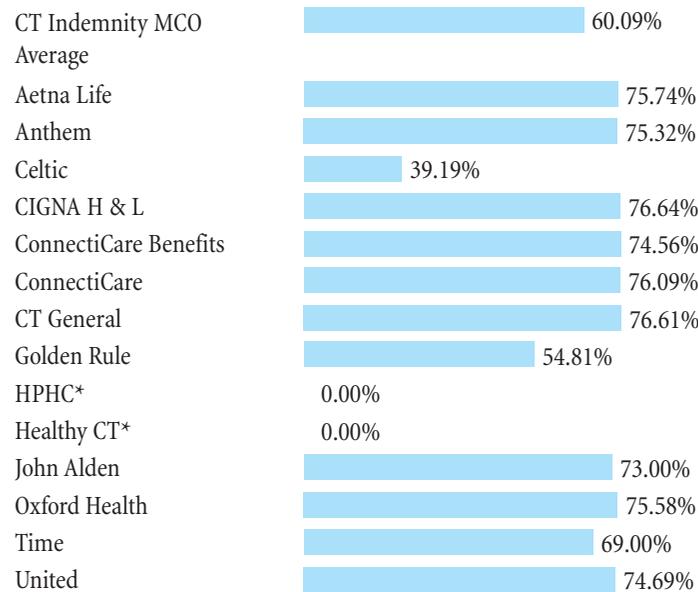


* Continuous enrollment criteria has not been met (new company)

Quality Measures

Breast Cancer Screening

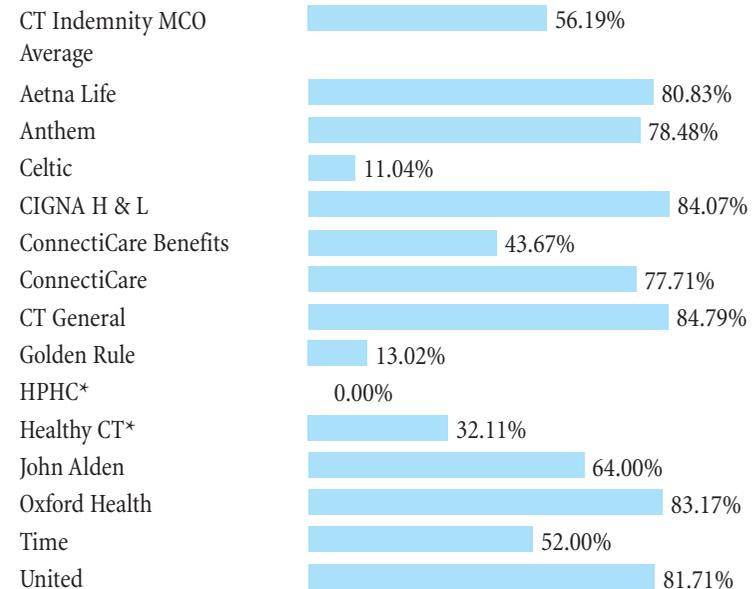
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2014; and (b) continuously enrolled from October 1, 2012 through December 31, 2014; and (c) had 1 or more mammogram between October 1, 2012 and December 31, 2014.



Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 24 through 64 years as of December 31, 2014; and (b) were continuously enrolled during 2012, 2013, or 2014; and (c) who were either;

- a woman age 21-64, who had cervical cytology performed in 2014 or the 2 years prior.
- A woman age 30-64, who had cervical cytology/human papillomavirus (HPV) co-testing performed in the 2014 or the 4 years prior.

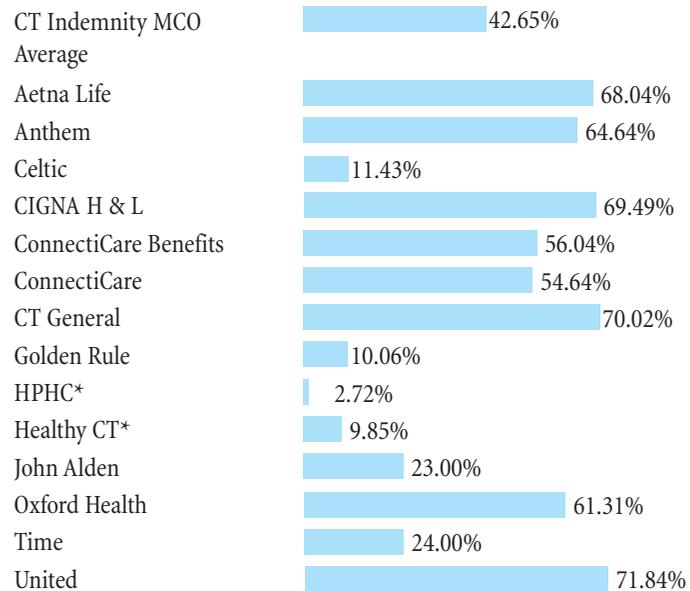


* Continuous enrollment criteria has not been met (new company)

Quality Measures

Colorectal Cancer Screening

The percentage of members 51-75 years as of December 31, 2014, who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: (a) Fecal occult blood test (FOBT) during 2014. (b) Flexible sigmoidoscopy during 2014 or the four years prior to 2014. (c) Colonoscopy during 2014 or the nine years prior to 2014.

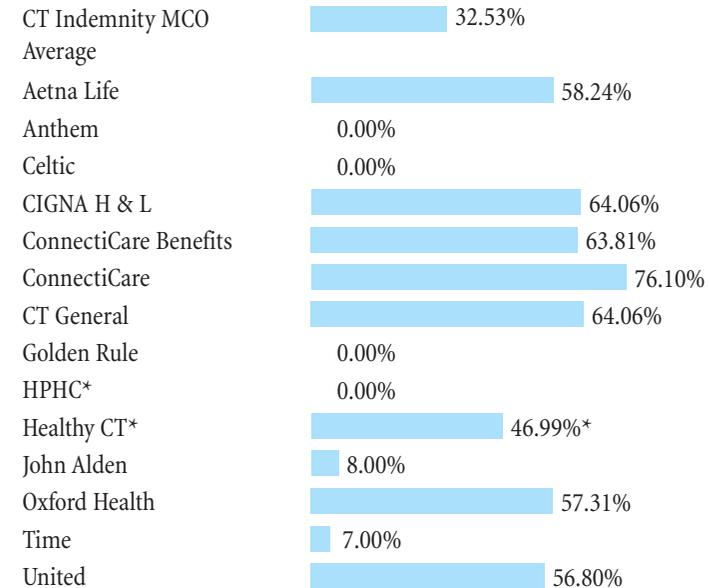


* Continuous enrollment criteria has not been met (new company)

Controlling High Blood Pressure

The percentage of members who: were diagnosed with hypertension (HTN) : (a) were age 18 through 85 years as of December 31, 2014; and (b) were diagnosed with hypertension (HTN); and (c) whose blood pressure was adequately controlled during 2014, based on any of the following criteria.

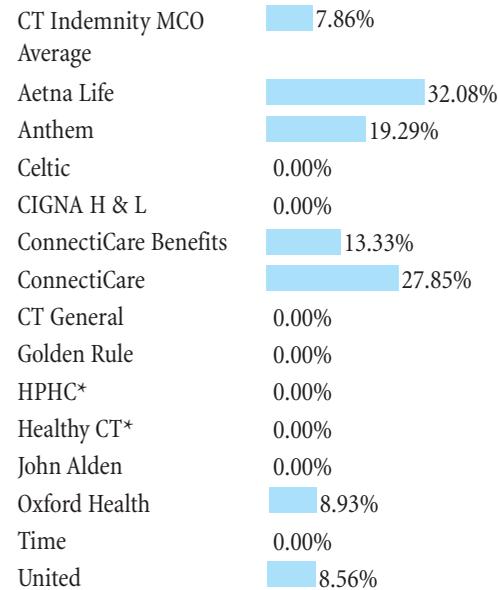
- members 18-59 years of age whose BP was <140/90 mm Hg
- members 60-85 years of age with a diagnosis of diabetes whose BP <140/90 mm Hg
- members 60-85 years of age without a diagnosis of diabetes whose BP <150/90 mm Hg



Quality Measures

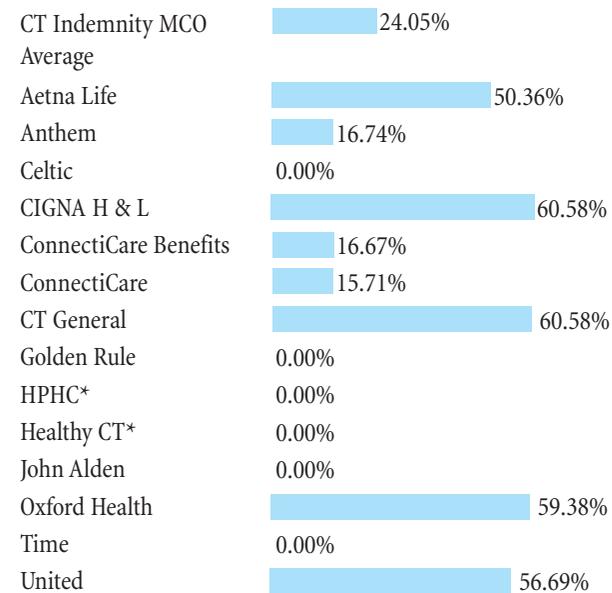
Cholesterol Management for Patients with Cardiovascular Disease

The percentage of enrolled members age 18 through 75 years as of December 31, 2014 who were continuously enrolled during 2013 and 2014 who; (a) were discharged alive for acute myocardial infarction, coronary artery bypass graft, or percutaneous coronary interventions 2013; or (b) who had a diagnosis of ischemic vascular disease during 2014 or 2013; and had a LDL-C screening and an LDL-C control (<100mg/dl) during 2014.



Childhood Immunizations

The percentage of enrolled children who: (a) turned two years old during 2014; and (b) were continuously enrolled for the 12 months preceding their second birthday; and 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.

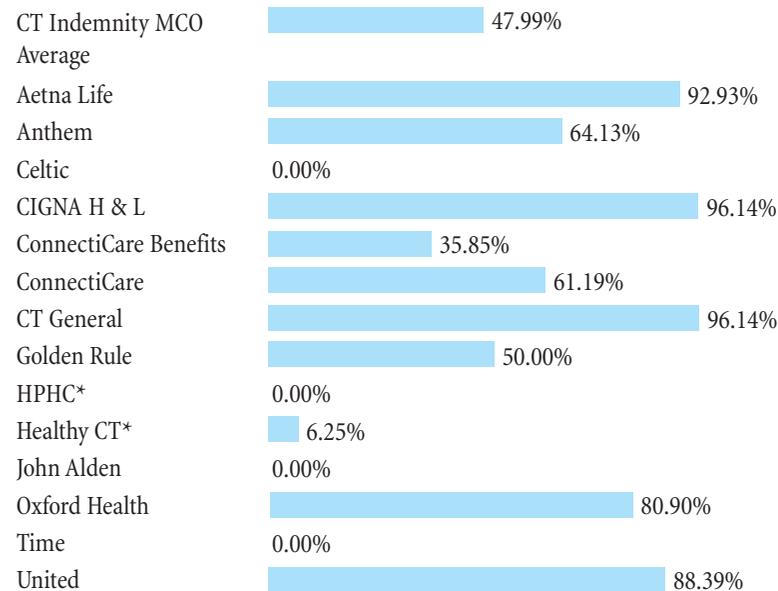


* Continuous enrollment criteria has not been met (new company)

Quality Measures

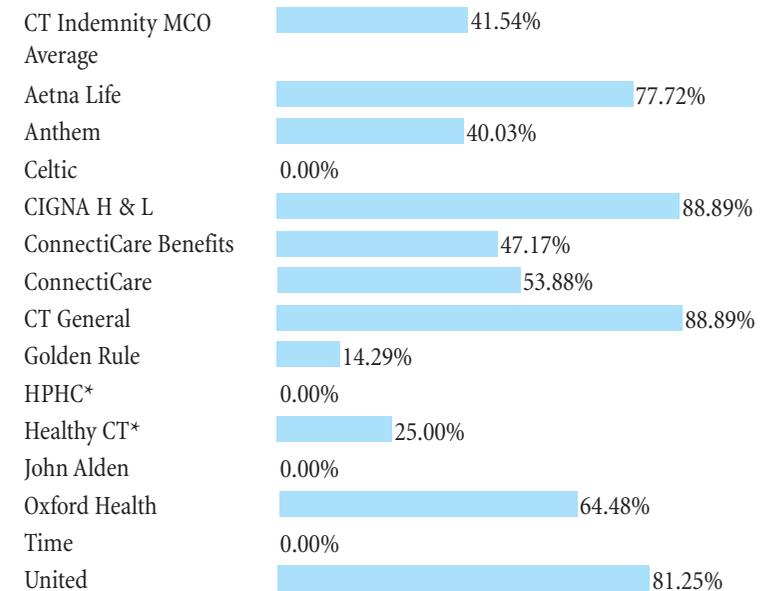
Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2013 and November 5, 2014; 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, 2013 and November 5, 2014; 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.

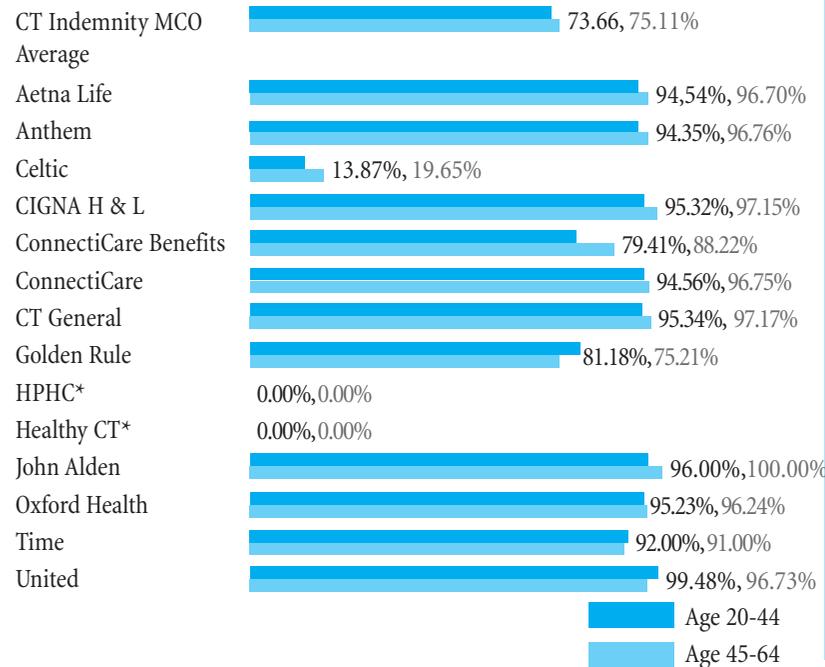


* Continuous enrollment criteria has not been met (new company)

Quality Measures

Adult Access to Care

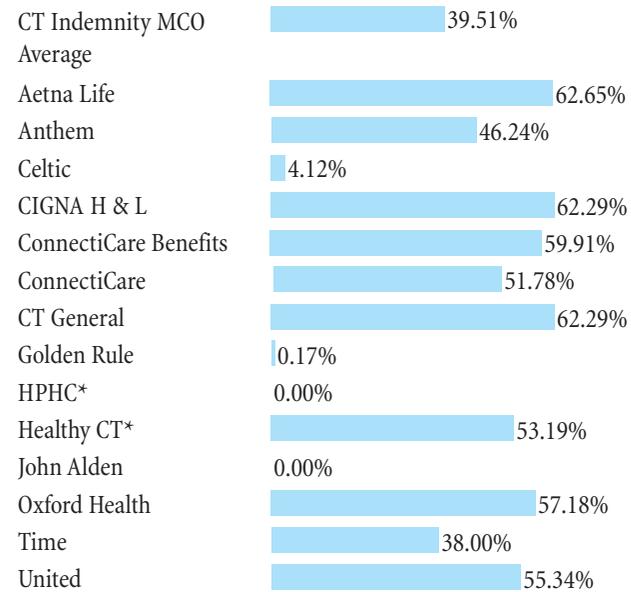
The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2014 who: (a) were continuously enrolled in the plan during 2012, 2013 and 2014; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2012, 2013 or 2014.



* Continuous enrollment criteria has not been met (new company)

Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2014; and (b) turned 18 through 75 years of age during 2014; and (c) were continuously enrolled during 2014; and (d) had either a retinal or dilated eye examination in 2014, or had a negative retinal or dilated eye examination in 2013.



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, 2014; and (b) were hospitalized and discharged alive between July 1, 2013 and June 30, 2014; 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	42.94%
Average	
Aetna Life	92.66%
Anthem	86.59%
Celtic	0.00%
CIGNA H & L	78.33%
ConnectiCare Benefits	88.89%
ConnectiCare	76.06%
CT General	78.33%
Golden Rule	0.29%
HPHC*	0.00%
Healthy CT*	100.00%
John Alden	0.00%
Oxford Health	0.00%
Time	0.00%
United	0.00%

* Continuous enrollment criteria has not been met (new company)

Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2014	Average cost per prescription	Average annual number of prescriptions per member per year	Average cost per member per month
Aetna Life	\$2,350,443,587	\$102.67	8.39	\$71.81
Anthem	\$270,499,365	\$94.44	14.48	\$113.99
Celtic	\$42,147	\$103.30	11.03	\$94.93
CIGNA H & L	\$167,802,422	\$95.48	12.05	\$95.84
ConnectiCare Benefits	\$20,644,460	\$67.05	12.21	\$68.30
ConnectiCare	\$107,048,921	\$76.01	13.08	\$82.86
CT General	\$85,195,837	\$95.46	11.37	\$89.80
Golden Rule	\$5,076,448	\$64.59	32.30	\$174.10
HPHC*	\$102,403	\$73.20	10.50	\$63.96
Healthy CT*	\$5,123,682	\$118.13	10.59	\$98.54
John Alden	\$59,830	\$56.50	12.00	\$57.98
Oxford Health	\$47,457,439	\$98.97	10.87	\$89.64
Time	\$2,593,136	\$80.06	6.00	\$44.59
United	\$66,031,612	\$94.79	10.54	\$83.29

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 Health	Anthem	CIGNA	ConnectiCare	Harvard	Oxford
Total number of UR requests	14,328	16,149	33	21,168	21,168	10,207
Total number of UR denials	4,044	1,424	6	1,721	1,721	834
Percentage of UR requests denied	28%	9%	18%	8%	8%	8%
Total number of UR denials that were appealed	264	251	3	108	108	153
Percentage of denials that were appealed	7%	18%	50%	6%	6%	18%
Total number of denials that were reversed on appeal	58	87	2	51	51	71
Percentage of denials that were reversed on appeal	22%	35%	67%	47%	47%	46%
Total number of denials that were appealed, upheld and went to external appeal	9	22	0	11	11	6
Total number of external appeals that were reversed	1	6	0	2	2	0
Percentage of external appeals that were reversed	11%	27%	0%	18%	18%	0%

Indemnity Managed Care Organizations Utilization Review Measures

Indemnity Managed Care Organizations	Aetna Life	Anthem	Celtic	CIGNA H & L	ConnectiCare Benefits	ConnectiCare	CT General	Golden Rule	HPHC	Healthy CT	John Alden	Oxford Health	Time	United
Total number of UR requests	65,631	76,909	4	32,242	15,225	38,289	1,307	121	51	2,945	5	26,463	261	2,306
Total number of UR denials	18,257	1,424	0	6,106	2,741	5,410	475	34	16	309	2	2,243	20	119
Percentage of UR requests denied	28%	2%	0%	19%	18%	14%	36%	28%	31%	10%	40%	8%	8%	5%
Total number of UR denials that were appealed	1,500	359	0	994	138	318	220	16	0	47	0	485	3	61
Percentage of denials that were appealed	8%	25%	0%	16%	5%	6%	46%	47%	0%	15%	0%	22%	15%	51%
Total number of denials that were reversed on appeal	424	115	0	169	78	150	29	2	0	25	0	257	0	37
Percentage of denials that were reversed on appeal	28%	32%	0%	17%	57%	47%	13%	13%	0%	53%	0%	53%	0%	61%
Total number of denials that were appealed, upheld and went to external appeal	22	37	0	19	2	12	0	1	0	2	0	20	0	0
Total number of external appeals that were reversed	7	12	0	5	2	3	0	0	0	2	0	4	0	0
Percentage of external appeals that were reversed	32%	32%	0%	26%	100%	25%	0%	0%	0%	100%	0%	20%	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 2014.	Aetna Health	Anthem	CIGNA	ConnectiCare	Harvard*	Oxford
1)Number of UR request received						
a) Inpatient Admissions	95	492	12	202	0	53
b) Outpatient Services	136	1,014	9	1,026	0	57
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	425	847	19	230	0	62
2)Number of Denials (excluding partial denials)						
a) Inpatient Admissions	4	54	0	3	0	0
b) Outpatient Services	0	28	0	48	0	12
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	53	0	13	0	8
3)Number of Partial Denials						
a) Inpatient Admissions	0	0	0	0	0	0
b) Outpatient Services	0	0	0	8	0	1
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	5	0	0	2	0	1
Percentage of UR request that were denied (including partials)	1.37%	5.74%	0.00%	5.08%	0.00%	12.79%
4)Number of Appeals of Denials						
a) Inpatient Admissions	10	30	0	2	0	0
b) Outpatient Services	4	11	0	8	0	1
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0	1
Percentage of denials that were appealed	155.56%	30.37%	0.00%	13.51%	0.00%	9.09%
5)Number of Denials Reversed on Appeal						
a) Inpatient Admissions	5	6	0	0	0	0
b) Outpatient Services	4	2	0	1	0	0
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0	0
Percentage of appealed denials that were reversed	64.29%	19.51%	0.00%	10.00%	0.00%	0.00%

Health Maintenance Organizations

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2014.	Aetna Health	Anthem	CIGNA	ConnectiCare	Harvard*	Oxford
6) Number of upheld appeals that went to external appeal						
a) Inpatient Admissions	5	5	0	0	0	0
b) Outpatient Services	0	0	0	3	0	0
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0	0
Percentage of all appeals that went to external appeal	55.56%	3.70%	0.00%	4.05%	0.00%	0.00%
7) Number of External Appeals Reversed on Appeal						
a) Inpatient Admissions	0	1	0	0	0	0
b) Outpatient Services	0	0	0	0	0	0
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0	0
Percentage of external appeals that were reversed	0.00%	20.00%	0.00%	0.00%	0.00%	0.00%

* New company with no Utilization review requests.

Health Maintenance Organizations

Mental Health Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem	CIGNA	ConnectiCare	Harvard*	Oxford
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	46	880	19	626	0	185
Report the total discharges / 1,000 member months	0.22	4.24	0.17	0.28	0.00	0.39
Report the average length of stay.	7.48	9.10	6.37	8.35	0.00	0.00

Mental Health Utilization - Percentage by Level of Care	Aetna Health	Anthem	CIGNA	ConnectiCare	Harvard*	Oxford
Report the total number of members who received care						
A) Any Mental Health Service	2,689	26,310	307	17,012	0	3,764
B) Inpatient Mental Health Services	46	627	17	434	0	136
C) Intensive Outpatient or Partial Hospitalization Health Services	46	682	9	350	0	88
D) Outpatient or Emergency Department Health Services	2,677	26,185	299	16,904	0	3,737
Report the percentage of all enrollees who received the respective service.						
A) Inpatient Mental Health Services	0.26%	0.30%	0.46%	0.24%	0.00%	0.35%
B) Intensive Outpatient or Partial Hospitalization Health Services	0.26%	0.32%	0.24%	0.19%	0.00%	0.22%
C) Outpatient or Emergency Department Health Services	15.11%	12.36%	8.13%	9.15%	0.00%	9.53%

* New company with no claims received or denied.

Health Maintenance Organizations

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem	CIGNA	ConnectiCare	Harvard*	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.	65	497	12	438	0.00	148
Report the total discharges / 1,000 member months	0.31	2.40	0.11	0.20	0.00	0.31
Report the average length of stay.	3.66	6.10	5.25	6.66	0.00	4.08

Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Health	Anthem	CIGNA	ConnectiCare	Harvard*	Oxford
Report the total number of members who received care						
a) Any Chemical Dependency Service	383	4,740	48	3,448	0	770
b) Inpatient Chemical Dependency Services	65	870	15	607	0	199
c) Intensive Outpatient or Partial Hospitalization Health Services	50	551	11	394	0	85
d) Outpatient or Emergency Department Health Services	349	4,305	42	3,179	0	662
Report the percentage of all enrollees who received the respective service.						
a) Inpatient Chemical Dependency Services	0.37%	0.41%	0.41%	0.33%	0.00%	0.51%
b) Intensive Outpatient or Partial Hospitalization Health Services	0.28%	0.26%	0.30%	0.21%	0.00%	0.22%
c) Outpatient or Emergency Department Health Services	1.97%	2.03%	1.14%	1.72%	0.00%	1.69%

* New company with no claims received or denied.

Health Maintenance Organizations

Mental Health Utilization - Follow-up After Hospitalization for Mental Illness	Aetna Health	Anthem	CIGNA	ConnectiCare	Harvard*	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, 2014, for members 6 years of age or older, with a principal diagnosis of mental illness.						
a) Who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner on the date of discharge up to 30 days after the hospital discharge.	88.37%	84.03%	57.14%	76.89%	0.00%	77.05%
b) Who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner on the date of discharge up to 7 days after the hospital discharge.	62.79%	66.06%	42.86%	58.49%	0.00%	59.84%

Mental Health Utilization - Antidepressant Medication Management	Aetna Health	Anthem	CIGNA	ConnectiCare	Harvard*	Oxford
The percentage of members 18 and older as of Apr. 30, 2014, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, who were not taking an antidepressant medication 105 days prior to the IPSD, who were diagnosed with a new episode of depression between May 1, 2013 and Apr. 30, 2014, and treated with antidepressant medication, who met at least one of the following criteria during the intake period.						
* An outpatient, intensive outpatient or partial hospitalization setting with a diagnosis of major depression; or * An ED visit 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).	78.24%	63.81%	61.90%	69.03%	0.00%	57.95%
b) Who remained on antidepressant medication for at least 180 days (6 months).	62.34%	48.92%	47.62%	53.86%	0.00%	40.01%

* New company with no claims received or denied.

Health Maintenance Organizations

Claim Expenses -	Aetna Health	Anthem	CIGNA	ConnectiCare	Harvard*	Oxford
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2014 through Dec. 31, 2014 for each of the following.						
Inpatient Mental Health	\$3.40	\$3.90	\$15.10	\$1.80	\$0.00	\$2.68
Inpatient Substance Abuse	\$0.87	\$1.21	\$0.22	\$0.21	\$0.00	\$0.94
Outpatient Mental Health	\$6.20	\$9.06	\$4.50	\$4.53	\$0.00	\$6.23
Outpatient Substance Abuse	\$2.80	\$1.35	\$0.15	\$1.58	\$0.00	\$1.41
Total of the above overall	\$13.27	\$15.52	\$19.97	\$8.12	\$0.00	\$11.26

Claim Denial Data -	Aetna Health	Anthem	CIGNA	ConnectiCare	Harvard*	Oxford
For the period of Jan.1, 2014 through Dec. 31, 2014. The total number of claims received for that period.	513,915	960,173	1,282	1,618,253	0	423,739
Provide the number of denials of the total in each of the following:						
1) not a covered benefit	12,237	12,187	14	10,376	0	5,620
2) not medically necessary	377	568	0	892	0	762
3) not an eligible enrollee/dependent	33,229	40,965	0	81,934	0	18,713
4) incomplete submission	3,454	7,518	0	29,471	0	3,695
5) duplicate submission	6,471	27,055	0	43,809	0	17,706
6) all other miscellaneous	57,601	91,984	22	153,128	0	61,477
Provide the denials as a percentage of the total claims for the following:						
1) not a covered benefit	10.79%	1.30%	1.09%	0.64%	0.00%	1.32%
2) not medically necessary	0.33%	0.10%	0.00%	0.06%	0.00%	0.18%
3) not an eligible enrollee/dependent	29.31%	4.30%	0.00%	5.06%	0.00%	4.41%
4) incomplete submission	3.05%	0.80%	0.00%	1.82%	0.00%	0.87%
5) duplicate submission	5.71%	2.80%	0.00%	2.71%	0.00%	4.18%
6) all other miscellaneous	50.81%	9.60%	1.71%	9.46%	0.00%	14.51%

* New company with no claims received or denied.

Indemnity Managed Care Companies

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2014.	Aetna Life	Anthem	Celtic	CIGNA H&L	ConnectiCare Benefits	ConnectiCare	CT General	Golden Rule	HPHC	Healthy CT	John Alden	Oxford Health	Time	United
1) Number of UR requests received														
a) Inpatient Admissions	57	757	0	161	205	593	55	0	4	154	0	264	27	144
b) Outpatient Services	792	1,680	0	88	721	2,662	46	0	11	81	0	335	0	557
c) Procedures	10	0	0	0	0	0	0	2	0	235	0	4	0	0
d) Extensions of Stay	705	1,245	0	178	245	695	96	0	9	181	0	293	11	178
2) Number of Total Denials (excluding partials)														
a) Inpatient Admissions	50	91	0	20	2	10	5	0	0	9	0	8	4	12
b) Outpatient Services	41	55	0	2	36	153	1	0	0	4	0	33	0	26
c) Procedures	5	0	0	0	0	0	0	2	0	13	0	0	0	0
d) Extensions of Stay	0	78	0	52	14	35	14	0	0	13	0	30	1	26
3) Number of Partial Denials														
a) Inpatient Admissions	0	0	0	3	0	0	0	0	0	0	0	3	0	1
b) Outpatient Services	0	0	0	0	7	27	1	0	0	0	0	15	0	8
c) Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	47	0	0	1	1	5	0	0	0	0	0	10	0	1
Percentage of UR request that were denied (including partials)	6.32%	6.08%	0.00%	18.27%	5.12%	5.82%	10.66%	0.00%	0.00%	5.99%	0.00%	11.05%	13.16%	8.42%
4) Number of Appeals of Denials														
a) Inpatient Admissions	51*	59	0	19	0	0	5	0	0	0	0	0	1	2
b) Outpatient Services	62	16	0	2	3	15	2	0	0	1	0	5	0	7
c) Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	11	0	2	2	0	0	1	0	5	0	6
Percentage of denials that were appealed	43.36%	33.48%	0.00%	7.13%	0.25%	7.39%	42.86%	0.00%	0.00%	5.13%	0.00%	10.10%	0.00%	20.27%
5) Number of Denials Reversed on Appeal														
a) Inpatient Admissions	15	6	0	0	0	0	0	0	0	0	0	0	0	1
b) Outpatient Services	41	1	0	0	0	2	1	0	0	1	0	1	0	2
c) Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	5	0	0	2	0	0	1	0	1	0	2
Percentage of appealed denials that were reversed	39.16%	3.13%	0.00%	6.41%	0.00%	0.87%	14.29%	0.00%	0.00%	5.13%	0.00%	2.02%	0.00%	6.76%

Indemnity Managed Care Companies

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2014.	Aetna Life	Anthem	Celtic	CIGNA H&L	ConnectiCare Benefits	ConnectiCare	CT General	Golden Rule	HPHC	Healthy CT	John Alden	Oxford Health	Time	United
6) Number of upheld appeals that went to External Appeal	4	8	0	2	0	0	0	0	0	0	0	0	0	0
a) Inpatient Admissions	0	2	0	0	0	6	0	0	0	0	0	0	0	0
b) Outpatient Services	1	0	0	0	0	0	0	0	0	0	0	0	0	0
c) Procedures	0	0	0	3	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay														
Percentage of appealed denials that went to external appeal	8.06%	13.33%	0.00%	15.63%	0.00%	35.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
7) Number of external appeals reversed on appeal														
a) Inpatient Admissions	2	3	0	0	0	0	0	0	0	0	0	0	0	0
b) Outpatient Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
c) Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percentage of external appeals that were reversed	40.00%	30.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

* Aetna Life inpatient admissions appealed (4a), includes those for extensions of stay and partial denials as they could not separate in their appeals system.

Indemnity Managed Care Companies

Mental Health Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	Anthem	Celtic	CIGNA H&L	ConnectiCare Benefits	ConnectiCare	CT General	Golden Rule	HPHC *	Healthy CT	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.	840	1,145	0	747	109	383	766	73	0	9	0	111	16	700
Report the total discharges / 1,000 member months	0.20	4	0	0.21	0.36	0.30	0.21	0.44	0	0.20	0	0.20	0.71	0.39
Report the average length of stay.	6.10	10.00	0.00	9.13	10.12	8.83	9.06	3.00	0.00	2.89	0.00	0.00	11.40	0.00

Mental Health Utilization - Percentage by Level of Care

	Aetna Life	Anthem	Celtic	CIGNA H&L	ConnectiCare Benefits	ConnectiCare	CT General	Golden Rule	HPHC *	Healthy CT	John Alden	Oxford Health	Time	United
Report the total number of members who received care														
A) Any Mental Health Service	43,734	45,413	0	24,403	2,203	9,710	24,710	1,192	0	610	14	4,885	360	13,663
B) Inpatient Mental Health Services	840	1,204	0	998	86	264	1,015	39	0	5	0	83	16	348
C) Intensive Outpatient or Partial Hospitalization Health Services	893	1,584	0	508	61	208	517	0	0	327	0	68	1	349
D) Outpatient or Emergency Department Health Services	43,593	45,049	0	24,016	2,179	9,645	24,315	1,184	0	338	14	4,868	346	13,612
Report the percentage of all enrollees who received the respective service.														
A) Inpatient Mental Health Services	0.24%	0.23%	0.00%	0.35%	0.34%	0.24%	0.81%	3.27%	0.00%	0.06%	0.00%	0.18%	0.71%	0.23%
B) Intensive Outpatient or Partial Hospitalization Health Services	0.25%	0.30%	0.00%	0.18%	0.24%	0.19%	0.42%	0.00%	0.00%	4.03%	0.00%	0.15%	0.04%	0.23%
C) Outpatient or Emergency Department Health Services	12.27%	8.45%	0.00%	8.53%	8.64%	8.94%	16.66%	99.33%	0.00%	4.16%	34.15%	10.53%	15.40%	10.77%

* New company with no claims received or denied.

Indemnity Managed Care Companies

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	Anthem	Celtic	CIGNA H&L	ConnectiCare Benefits	ConnectiCare	CT General	Golden Rule	HPHC *	Healthy CT	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.	1272	615	4	650	85	268	862	8	0	14	0	218	7	374
Report the total discharges / 1,000 member months	0.30	2.15	0.90	0.18	0.28	0.21	0.23	0.05	0	3.12	0	0.39	0	0.21
Report the average length of stay.	3.90	6.00	15.50	5.73	5.24	5.76	5.72	6.00	0.00	10.29	0.00	4.55	0.00	5.89

Alcohol & Other Drug Services - Percentage by Level of Care

	Aetna Life	Anthem	Celtic	CIGNA H&L	ConnectiCare Benefits	ConnectiCare	CT General	Golden Rule	HPHC *	Healthy CT	John Alden	Oxford Health	Time	United
Report the total number of members who received care														
a) Any Chemical Dependency Service	6,088	8,632	1	3,944	687	2,017	3,992	159	0	64	2	754	24	2,305
b) Inpatient Chemical Dependency Services	1,272	1,788	1	778	124	365	793	12	0	9	0	192	7	535
c) Intensive Outpatient or Partial Hospitalization Health Services	851	1,224	0	589	74	228	600	0	0	25	0	98	1	318
d) Outpatient or Emergency Department Health Services	5,490	7,534	0	3,604	634	1,866	3,646	147	0	50	2	658	21	2,054
Report the percentage of all enrollees who received the respective service.														
a) Inpatient Chemical Dependency Services	0.36%	0.34%	0.57%	0.28%	0.49%	0.34%	0.69%	7.55%	0.00%	1.11%	0.00%	0.42%	0.31%	1.55%
b) Intensive Outpatient or Partial Hospitalization Health Services	0.24%	0.23%	0.00%	0.21%	0.29%	0.21%	0.51%	0.00%	0.00%	3.08%	0.00%	0.21%	0.04%	0.21%
c) Outpatient or Emergency Department Health Services	1.55%	1.41%	0.00%	1.28%	2.51%	1.73%	2.42%	92.45%	0.00%	6.16%	4.88%	1.42%	0.93%	1.38%

* New company with no claims received or denied.

Indemnity Managed Care Companies

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

	Aetna Life	Anthem	Celtic	CIGNA H&L	ConnectiCare Benefits	ConnectiCare	CT General	Golden Rule	HPHC *	Healthy CT	John Alden	Oxford Health	Time	United
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, 2014, for members 6 years of age or older, with a principal diagnosis of mental illness.														
a) Who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner on the date of discharge up to 30 days after the hospital discharge.	80.32%	74.96%	100.00%	82.07%	70.79%	77.01%	81.73%	77.78%	0.00%	0.00%	17.07%	84.51%	6.10%	82.10%
b) Who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner on the date of discharge up to 7 days after the hospital discharge.	64.79%	58.95%	100.00%	61.95%	44.94%	59.39%	61.70%	62.22%	0.00%	0.00%	14.63%	66.20%	3.03%	67.05%

Mental Health Utilization - Antidepressant Medication Management

	Aetna Life	Anthem	Celtic	CIGNA H&L	ConnectiCare Benefits	ConnectiCare	CT General	Golden Rule	HPHC *	Healthy CT	John Alden	Oxford Health	Time	United
The percentage of members 18 and older as of Apr. 30, 2014, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, who were not taking an antidepressant medication 105 days prior to the IPSD, who were diagnosed with a new episode of depression between May 1, 2013 and Apr. 30, 2014, and treated with antidepressant medication, who met at least one of the following criteria during the intake period. * An outpatient, intensive outpatient or partial hospitalization setting with a diagnosis of major depression; or * An ED visit 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).	73.71%	67.67%	0.00%	68.37%	69.70%	69.34%	68.43%	0.00%	0.00%	0.00%	0.00%	68.00%	0.00%	62.38%
b) Who remained on antidepressant medication for at least 180 days (6 months).	63.79%	52.85%	0.00%	52.16%	55.56%	54.82%	52.08%	0.00%	0.00%	0.00%	0.00%	53.14%	0.00%	50.66%

* New company with no claims received or denied.

Claim Expenses -

	Aetna Life	Anthem	Celtic	CIGNA H&L	ConnectiCare Benefits	ConnectiCare	CT General	Golden Rule	HPHC	Healthy CT	John Alden	Oxford Health	Time	United
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2014 through Dec. 31, 2014, for each of the following.														
Inpatient Mental Health	\$3.10	\$3.54	\$0.00	\$2.59	\$3.44	\$1.91	\$2.86	\$7.91	\$0.00	\$0.03	\$0.00	\$1.57	\$7.32	\$3.22
Inpatient Substance Abuse	\$1.04	\$1.32	\$46.61	\$0.54	\$0.29	\$0.27	\$0.62	\$0.81	\$0.43	\$0.00	\$0.00	\$1.65	\$2.73	\$0.27
Outpatient Mental Health	\$5.97	\$8.28	\$0.00	\$4.88	\$5.53	\$4.25	\$1.92	\$4.60	\$0.33	\$1.12	\$5.61	\$6.10	\$16.82	\$6.15
Outpatient Substance Abuse	\$2.74	\$1.73	\$0.00	\$0.81	\$2.91	\$2.07	\$0.15	\$4.79	\$6.95	\$1.61	\$0.00	\$1.41	\$4.57	\$1.75
Total of the above overall	\$12.85	\$14.87	\$46.61	\$8.82	\$12.17	\$8.50	\$5.55	\$18.11	\$7.71	\$2.76	\$5.61	\$10.73	\$31.44	\$11.39

Claim Denial Data

	Aetna Life	Anthem	Celtic	CIGNA H&L	ConnectiCare Benefits	ConnectiCare	CT General	Golden Rule	HPHC	Healthy CT	John Alden	Oxford Health	Time	United
For the period of Jan.1, 2014 through Dec. 31, 2014														
Total number of claims received for the period	3,235,548	1,379,971	382	843,455	908,177	3,309,713	1,337	139,259	0	48,121	2,125	1,436,392	52,308	4,501,046
Provide the number of denials, of the total for each of the following:														
1) not a covered benefit	100,837	14,902	31	9,601	7,977	19,861	0	8,619	0	33	16	13,160	729	251,177
2) not medically necessary	2,501	1,994	0	1,105	1,279	1,569	50	58	0	0	0	3,474	57	84,503
3) not an eligible enrollee/dependent	131,048	63,019	0	562	16,308	49,648	1	4,764	0	948	0	45,079	23	8,124
4) incomplete submission	24,412	46,759	3	3,107	17,465	59,750	0	1,224	0	7	108	12,932	1,902	34,530
5) duplicate submission	22,722	43,605	96	209	28,978	101,137	0	9,481	0	107	93	63,399	1,796	183,804
6) all other miscellaneous	394,522	108,163	304	86,043	51,995	211,229	108	1,027	0	3,256	20	210,152	426	622,77
Provide denials as a percent of the total claims for the following reasons:														
1) not a covered benefit	14.92%	1.08%	8.12%	1.13%	0.88%	0.60%	0.00%	6.19%	0.00%	0.07%	0.75%	1.00%	1.39%	5.58%
2) not medically necessary	0.36%	0.14%	0.00%	0.13%	0.14%	0.05%	3.73%	0.04%	0.00%	0.00%	0.00%	0.24%	0.11%	1.88%
3) not an eligible enrollee/dependent	19.39%	4.57%	0.00%	0.07%	1.80%	1.50%	0.07%	3.42%	0.00%	1.97%	0.00%	3.14%	0.04%	0.18%
4) incomplete submission	3.61%	3.39%	0.79%	0.37%	1.92%	1.81%	0.00%	0.88%	0.00%	0.01%	5.08%	1.00%	3.64%	0.72%
5) duplicate submission	3.36%	3.16%	25.13%	0.02%	3.19%	3.06%	0.00%	6.81%	0.00%	0.22%	4.37%	4.00%	3.43%	0.77%
6) all other miscellaneous	58.36%	7.84%	79.58%	10.20%	5.73%	6.38%	8.07%	0.74%	0.00%	6.77%	0.94%	15.00%	0.81%	14.00%

Member Satisfaction Survey – Health Maintenance Organizations

HMO	Aetna Health	Anthem	CIGNA	ConnectiCare	Harvard*	Oxford
Percentage of Managed Care members surveyed.	3.69%	2.42%	20.00%	0.80%	40.00%	27.00%
The percentage of those surveyed who responded.	20.05%	25.98%	20.50%	24.00%	8.90%	29.61%
Q. In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?						
Never	2.20%	1.79%	1.00%	2.00%	10.00%	2.36%
Sometimes	11.80%	12.11%	11.60%	2.00%	20.00%	9.76%
Usually	34.40%	29.15%	33.20%	36.00%	20.00%	29.97%
Always	51.60%	56.95%	54.20%	60.00%	50.00%	57.91%
Q. In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?						
Never	0.80%	0.00%	1.50%	0.00%	0.00%	1.55%
Sometimes	14.40%	10.21%	14.60%	20.00%	10.50%	10.05%
Usually	24.80%	26.76%	29.50%	18.00%	31.60%	27.58%
Always	60.00%	63.03%	54.40%	62.00%	57.90%	60.82%
Q. In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?						
Never	0.00%	0.00%	0.80%	0.00%	0.00%	1.08%
Sometimes	8.80%	10.40%	10.60%	11.00%	12.50%	4.84%
Usually	19.30%	12.80%	22.00%	25.00%	25.00%	19.35%
Always	71.90%	76.80%	66.60%	64.00%	62.50%	74.73%
Q. In the last 12 months, how often was it easy to get care, tests or treatment, you needed through your health plan?						
Never	0.80%	0.34%	0.70%	0.00%	14.30%	0.53%
Sometimes	13.60%	5.84%	8.60%	8.00%	9.50%	6.10%
Usually	29.60%	27.15%	36.80%	29.00%	23.80%	29.44%
Always	56.00%	66.67%	53.90%	63.00%	52.40%	63.93%
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	0.00%	7.78%	1.10%	0.00%	28.60%	3.41%
Sometimes	38.80%	25.56%	30.10%	36.00%	28.60%	27.27%
Usually	42.90%	43.33%	50.50%	32.00%	19.00%	43.65%
Always	18.40%	23.33%	18.30%	32.00%	23.80%	25.00%

* New company to the market

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

HMO	Aetna Health	Anthem	CIGNA	ConnectiCare	Harvard*	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	8.30%	3.30%	0.90%	0.00%	23.80%	3.23%
Sometimes	20.80%	8.79%	13.40%	22.00%	23.80%	14.52%
Usually	18.80%	39.56%	34.80%	14.00%	19.00%	26.61%
Always	52.10%	48.35%	50.90%	64.00%	33.30%	55.65%
Q. In the last 12 months, how often were you satisfied with your prescription drug coverage?						
Never	7.90%	0.00%	0.70%	10.00%	14.30%	0.77%
Sometimes	9.90%	13.00%	11.00%	8.00%	14.30%	4.08%
Usually	24.80%	28.00%	45.50%	47.00%	23.80%	24.74%
Always	57.40%	60.00%	42.80%	35.00%	47.60%	70.41%
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	27.50%	52.00%	49.60%	48.00%	27.30%	46.81%
Deductible too high	30.00%	8.00%	8.40%	32.00%	45.50%	2.13%
Cost of the benefit coverage too high	10.00%	0.00%	7.60%	10.00%	0.00%	4.26%
Managed care guidelines too restrictive (i.e. prior authorization)	12.50%	20.00%	14.60%	0.00%	18.20%	21.28%
Drug not included on the formulary	20.00%	0.00%	19.80%	10.00%	9.10%	25.53%
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	1.50%	0.00%	0.30%	0.00%	9.50%	0.24%
1	0.70%	0.00%	0.00%	1.00%	4.80%	0.72%
2	2.20%	0.33%	0.70%	1.00%	0.00%	0.72%
3	0.70%	0.00%	0.30%	1.00%	4.80%	0.72%
4	2.20%	0.33%	1.00%	0.00%	4.80%	0.72%
5	11.80%	3.91%	5.70%	6.00%	9.50%	6.28%
6	9.60%	2.93%	9.10%	14.00%	4.80%	4.59%
7	16.20%	8.14%	20.10%	14.00%	4.80%	5.56%
8	27.20%	23.78%	25.50%	29.00%	38.10%	22.71%
9	14.70%	23.78%	18.80%	18.00%	19.00%	21.01%
(best possible) 10	13.20%	36.81%	18.50%	16.00%	0.00%	36.71%

* New company to the market

Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Anthem	Celtic	CIGNA H & L	ConnectiCare Benefits*
Percentage of Managed Care members surveyed.	0.72%	0.82%	100.00%	24.00%	3.30%
The percentage of those surveyed who responded.	20.98%	25.82%	5.33%	24.20%	23.00%
Q. In the last 12 months, how often did you get an appointment with a specialist as soon as you needed.					
Never	0.80%	2.47%	28.00%	0.80%	2.00%
Sometimes	5.90%	6.79%	0.00%	9.20%	14.00%
Usually	33.90%	32.10%	43.00%	33.80%	31.00%
Always	59.30%	58.64%	29.00%	56.20%	53.00%
Q. In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?					
Never	2.40%	2.60%	12.00%	1.30%	4.00%
Sometimes	8.90%	13.02%	0.00%	13.10%	26.00%
Usually	26.60%	27.60%	38.00%	30.80%	21.00%
Always	62.10%	56.77%	50.00%	54.80%	49.00%
Q. In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?					
Never	0.00%	0.00%	12.00%	0.00%	0.00%
Sometimes	6.30%	10.00%	0.00%	9.80%	0.00%
Usually	20.30%	23.33%	38.00%	24.80%	0.00%
Always	73.40%	66.67%	50.00%	65.40%	71.00%
Q. In the last 12 months, how often was it easy to get care, tests or treatment, you needed through your health plan?					
Never	0.60%	2.03%	0.00%	0.30%	4.00%
Sometimes	3.40%	7.11%	12.00%	5.50%	10.00%
Usually	35.80%	31.47%	38.00%	36.80%	25.00%
Always	60.20%	59.39%	50.00%	57.40%	61.00%
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	0.00%	5.97%	0.00%	2.60%	8.00%
Sometimes	31.80%	35.82%	22.00%	35.90%	34.00%
Usually	48.90%	38.81%	33.00%	41.90%	33.00%
Always	19.30%	19.40%	45.00%	19.60%	25.00%

* New companies to the market.

Connecticare	CT General	Golden Rule	HPHC*	Health CT*	John Alden	Oxford Health	Time	United
0.80%	22.00%	4.00%	40.00%	48.00%	43.16%	0.03%	67.17%	12.00%
27.00%	22.30%	24.50%	8.90%	20.00%	4.88%	17.75%	5.92%	21.54%
3.00%	0.90%	19.40%	10.00%	0.00%	50.00%	0.65%	27.56%	2.17%
10.00%	10.40%	9.70%	20.00%	0.00%	0.00%	12.34%	10.24%	14.13%
35.00%	33.50%	27.30%	20.00%	28.30%	0.00%	35.06%	22.05%	33.70%
52.00%	55.20%	43.60%	50.00%	60.20%	50.00%	51.95%	40.16%	53.81%
1.00%	1.40%	11.60%	0.00%	0.00%	0.00%	1.07%	14.96%	0.85%
14.00%	13.90%	8.40%	10.50%	15.80%	0.00%	12.30%	10.24%	16.60%
32.00%	30.20%	23.10%	31.60%	27.40%	50.00%	31.55%	26.77%	26.38%
53.00%	54.50%	56.90%	57.90%	56.20%	50.00%	55.08%	48.03%	56.17%
0.00%	0.40%	10.00%	0.00%	0.00%	0.00%	0.00%	15.57%	0.00%
17.00%	10.20%	4.50%	12.50%	0.00%	0.00%	2.06%	4.10%	9.47%
15.00%	23.40%	23.20%	25.00%	0.00%	0.00%	24.78%	27.05%	21.05%
68.00%	66.00%	62.30%	62.50%	76.70%	100.00%	73.20%	53.28%	69.47%
2.00%	0.50%	7.10%	14.30%	0.00%	0.00%	0.99%	15.32%	1.10%
9.00%	7.10%	6.20%	9.50%	0.00%	0.00%	12.32%	13.71%	8.31%
36.00%	36.80%	25.70%	23.80%	25.30%	50.00%	43.35%	26.61%	35.11%
53.00%	55.60%	61.00%	52.40%	68.20%	50.00%	43.35%	44.35%	55.49%
3.00%	1.80%	22.90%	28.60%	0.00%	0.00%	3.37%	26.19%	3.94%
39.00%	33.00%	23.40%	28.60%	28.60%	0.00%	37.08%	27.78%	28.35%
39.00%	46.20%	28.30%	19.00%	35.10%	0.00%	48.31%	30.95%	48.82%
19.00%	19.00%	25.40%	23.80%	23.40%	100.00%	11.24%	15.08%	18.90%

* New companies to the market.

Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Anthem	Celtic	CIGNA H & L	ConnectiCare Benefits*
Q. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?					
Never	1.80%	0.00%	12.00%	1.80%	3.00%
Sometimes	24.60%	14.29%	25.00%	18.60%	24.00%
Usually	26.30%	25.00%	25.00%	31.00%	18.00%
Always	47.40%	60.71%	38.00%	48.60%	55.00%
Q. In the last 12 months, how often were you satisfied with your prescription drug coverage?					
Never	8.90%	5.00%	0.00%	3.60%	6.00%
Sometimes	13.90%	14.00%	12.00%	17.50%	17.00%
Usually	23.80%	22.00%	63.00%	46.90%	34.00%
Always	53.30%	59.00%	25.00%	32.00%	43.00%
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	21.20%	37.00%	50.00%	51.20%	29.00%
Deductible too high	22.00%	14.00%	0.00%	16.70%	5.00%
Cost of the benefit coverage too high	15.30%	11.00%	50.00%	7.40%	8.00%
Managed care guidelines too restrictive (i.e. prior authorization)	21.20%	3.00%	0.00%	8.00%	21.00%
Drug not included on the formulary	20.30%	16.00%	0.00%	16.70%	37.00%
Q. Use <u>any number from 0 to 10</u> where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?					
(worst possible) 0	0.00%	1.75%	0.00%	0.90%	0.00%
1	1.50%	1.31%	12.00%	0.90%	0.00%
2	1.00%	0.44%	0.00%	1.50%	0.00%
3	0.50%	1.31%	0.00%	2.00%	0.00%
4	3.50%	2.18%	0.00%	1.50%	0.00%
5	11.60%	7.86%	0.00%	8.10%	11.00%
6	6.60%	5.24%	12.00%	10.50%	5.00%
7	18.20%	13.97%	12.00%	18.30%	11.00%
8	28.80%	20.09%	38.00%	23.80%	21.00%
9	15.70%	20.96%	13.00%	18.50%	12.00%
(best possible) 10	12.60%	24.89%	13.00%	14.00%	30.00%

* New company to the market

Connecticare	CT General	Golden Rule	HPHC*	Health CT*	John Alden	Oxford Health	Time	United
5.00%	1.40%	23.00%	23.80%	0.00%	50.00%	6.90%	25.81%	7.48%
12.00%	16.00%	19.10%	23.80%	22.10%	0.00%	22.99%	20.97%	15.89%
24.00%	32.90%	21.60%	19.00%	26.00%	0.00%	25.29%	22.58%	35.51%
59.00%	49.70%	36.30%	33.30%	47.10%	50.00%	44.83%	30.65%	41.12%
3.00%	2.20%	19.00%	14.30%	0.00%	0.00%	8.78%	22.22%	7.57%
19.00%	14.30%	20.50%	14.30%	0.00%	50.00%	25.85%	17.46%	14.74%
37.00%	46.20%	28.10%	23.80%	0.00%	0.00%	36.59%	30.95%	39.04%
41.00%	37.30%	32.40%	47.60%	0.00%	50.00%	28.78%	29.37%	38.65%
56.00%	50.40%	31.20%	27.30%	0.00%	0.00%	51.76%	22.22%	53.49%
18.00%	12.60%	27.20%	45.50%	0.00%	0.00%	17.65%	22.22%	12.79%
4.00%	7.50%	22.20%	0.00%	0.00%	0.00%	1.18%	16.67%	6.98%
1.00%	11.30%	6.30%	18.20%	0.00%	0.00%	8.24%	23.61%	2.33%
21.00%	18.20%	13.10%	9.10%	0.00%	0.00%	21.18%	15.28%	23.26%
0.00%	0.60%	3.80%	9.50%	0.00%	0.00%	1.79%	6.98%	1.82%
1.00%	0.50%	2.10%	4.80%	0.00%	0.00%	1.35%	5.43%	0.73%
2.00%	1.10%	2.40%	0.00%	0.00%	0.00%	3.59%	6.98%	1.82%
3.00%	1.20%	3.80%	4.80%	0.00%	0.00%	4.04%	3.10%	0.73%
2.00%	1.30%	2.10%	4.80%	0.00%	0.00%	3.59%	4.65%	2.55%
12.00%	6.90%	14.80%	9.50%	7.40%	50.00%	13.90%	10.08%	7.27%
8.00%	9.80%	11.80%	4.80%	0.00%	0.00%	8.52%	10.08%	10.18%
15.00%	19.20%	12.70%	4.80%	11.10%	0.00%	15.25%	13.18%	16.36%
19.00%	24.70%	20.70%	38.10%	20.10%	0.00%	25.11%	20.16%	24.73%
21.00%	18.70%	13.10%	19.00%	19.60%	50.00%	11.66%	10.85%	17.45%
17.00%	16.00%	12.70%	0.00%	23.30%	0.00%	11.21%	8.53%	16.36%

* New company to the market

Medical Loss Ratio By Carrier

Carrier Name	Type of MCO	2014 State Medical Loss Ratio	Individual 2014 Federal Medical Loss Ratio	Small Group 2014 Federal Medical Loss Ratio	Large Group 2014 Federal Medical Loss Ratio
Aetna Health Plans, Inc.	HMO	83.90%	167.30%	91.70%	84.30%
Aetna Life Insurance Company	Indemnity	78.00%	102.50%	89.70%	90.80%
Anthem Health Plans, Inc.	HMO	72.80%	89.30%	85.90%	89.40%
Anthem Health Plans, Inc.	Indemnity	90.50%	84.70%	86.10%	89.60%
Celtic Insurance Company	Indemnity	14.00%	95.00%	na	na
CIGNA Health & Life Insurance Company, Inc.	Indemnity	91.80%	0.00%	93.40%	90.30%
CIGNA HealthCare of CT, Inc.	HMO	0.00%	95.30%	90.70%	116.00%
ConnectiCare Benefits, Inc.	Indemnity	84.70%	92.40%	na	na
ConnectiCare, Inc.	HMO	86.00%	97.10%	80.40%	85.60%
ConnectiCare Insurance Co. Inc.	Indemnity	82.60%	92.60%	80.10%	88.20%
Connecticut General Life Insurance Company	Indemnity	110.70%	128.00%	0.00%	93.50%
Golden Rule Insurance Company	Indemnity	85.20%	90.80%	na	na
HPHC Insurance Company	Indemnity	0.00%	0.00%	0.00%	0.00%
Harvard Pilgrim Healthcare of CT	HMO	0.00%	0.00%	0.00%	0.00%
Healthy CT	Indemnity	101.40%	97.80%	81.20%	114.10%
John Alden Life Insurance Company	Indemnity	35.44%	64.20%	80.70%	72.80%
Oxford Health Insurance, Inc.	Indemnity	77.50%	93.60%	80.40%	83.50%
Oxford Health Plans (CT), Inc.	HMO	79.60%	0.00%	84.90%	79.70%
Time Insurance Company	Indemnity	97.19%	110.10%	88.50%	96.10%
UnitedHealthCare Insurance Company	Indemnity	74.72%	0.00%	272.40%	90.50%

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.**

Trustmark Insurance Company

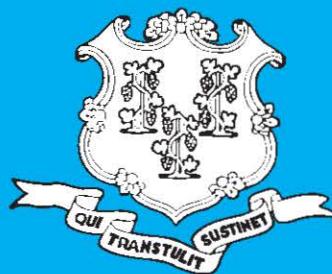
400 Field Drive
Lake Forest, IL 60045
1-800-366-6663

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

Notes



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

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