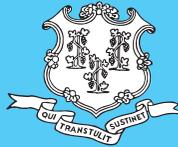


*Consumer Report Card
on Health Insurance
Carriers in Connecticut*



October 2014



Dear Health Insurance Customer:

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

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

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

Sincerely,

Thomas B. Leonardi
Insurance Commissioner

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About This Report Card

The information in this report card is based on data provided by the MCOs as of year end 2013. This report card does not contain information on specific plans offered by the MCOs. Each MCO offers several different plans, and often tailors them to a specific policyholder's needs. You will need to get additional information from the MCO or your employer to make your choice. In addition to this report card, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

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

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

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

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

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

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

Q. Does this Report Card evaluate all benefit options?

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

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

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

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

A. No.

Consider the following factors when evaluating your options:

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

Managed Care Plan Comparison Worksheet

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

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

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

Health Benefit Plan Statutes

SUBJECT	INDIVIDUAL STATUTE	GROUP STATUTE	SUBJECT	INDIVIDUAL STATUTE	GROUP STATUTE
Pre-authorized benefits paid unless 3 days prior notification to adm/serv/proc	38a-472g	38a-472g	Bone Marrow Testing	38a-492o	38a-518o
Pre-Existing Condition Waiver	38a-476	38a-476	Home Health Care	38a-493	38a-520
Post-claims underwriting	38a-477b	38a-477b	Definition Of dependent child to 26	38a-497	38a-512b
Applications must include state and federal MLR	38a-477c	38a-477c	Ambulance Service	38a-498	38a-525
Medical necessity	38a-482a	38a-513c	Extend isolation & emergency services to mobile field hospitals	38a-498b	38a-525b
Regulating limited benefit medical plans	38a-482b	38a-513d	Health Care Services to Residents with Elevated Blood Alcohol Levels	38a-498c	38a-525c
No Lifetime max. on "essential benefits"/ defined lifetime on non-essential benefits	38a-482c	38a-512c	Mammography/Breast Cancer Screening	38a-503	38a-530
Experimental Treatments	38a-483c	38a-513b	Maternity Care & Postpartum Care (48/96 hrs)	38a-503c	38a-530c
Benefits for Mental Illness	38a-488a	38a-514	Mastectomy or Lymph Node Dissection (48 hrs)	38a-503d	38a-530d
Therapies for treatment of autism spectrum	38a-488b	38a-514b	Prescription Birth Control	38a-503e	38a-530e
Continuation for Mentally or Physically Handicapped Children	38a-489	38a-515	Preventive Pediatric Care		38a-535
Newborn Infants	38a-490	38a-516	Blood screening added to preventive pediatric	38a-490d	38a-535(b)
Birth-To-Three Program (Early Intervention Services)	38a-490a	38a-516a	Notice of Cancellation of Group Coverage		38a-537
Hearing Aids for Children 12 and Younger	38a-490b	38a-516b	Policy to Allow Spouse Coverage as Both Dependent and Employee		38a-541
Craniofacial Disorders	38a-490c	38a-516c	Tumors and Leukemia/Breast Implant Removal & Reconstruction, oral chemotherapy	38a-504	38a-542
Coverage for In-patient Dental	38a-491a	38a-517a	Cancer Clinical Trials	38a-504a-g	38a-542a-g
Accidental Ingestion of a Controlled Drug	38a-492	38a-518	OON facility during treatment in a clinical trials	38a-504d	38a-542d
Coverage for Hypodermic Needles and Syringes	38a-492a	38a-518a	Age Discrimination-Small Group less than 20 Employees		38a-543
Cancer Drugs Not to be Excluded	38a-492b	38a-518b	Continuation of Coverage		38a-546
Coverage for Prescription Foods/Formula	38a-492c	38a-518c	Coverage for Prospective Adoptive Children	38a-508	38a-549
Coverage for Diabetes	38a-492d	38a-518d	Infertility Treatment & Procedures	38a-509	38a-536
Diabetes Outpatient Self-Management Training	38a-492e	38a-518e	Prescription Drug- mail order prohibition	38a-510	38a-544
Screening for Prostate Cancer	38a-492g	38a-518g	Access to Imaging Services	38a-511	38a-550
Lyme Disease Treatment	38a-492h	38a-518h	Continuation, Extension & Conversion Rights		38a-512a
Pain Management	38a-492i	38a-518i	Group specified disease benefit		38a-513d
Ostomy Appliances and Supplies	38a-492j	38a-518j			
Colorectal Cancer Screening	38a-492k	38a-518k	New Public Acts for 2014		
Developmental Needs of Children & Youth with Cancer	38a-492l	38a-516d	Revision to UR grievance process	PA14-40	PA14-40
Requiring coverage for wound care for individuals with epidermolysis bullosa	38a-492n	38a-518m	Revisions to mammography-max. \$20 for ultrasound	PA14-97s.1	PA14-97s.2
			Revisions to copayments for therapy (511a/550a)	PA14-97s.3	PA14-97s.4
			Revision to mail order regarding step therapy	PA14-118	PA14-118

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

Managed Care Organizations Included in this Report Card

Health Maintenance Organizations

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

Indemnity Managed Care Organizations

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

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

Web Sites

Company Name

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

Web Site Address

www.aetna.com
www.aetna.com
www.anthem.com
www.celtic-net.com
www.cigna.com
www.cigna.com
www.cigna.com
www.connecticare.com
www.connecticare.com
www.goldenrule.com
www.assuranthealth.com
www.oxhp.com
www.oxhp.com
www.assuranthealth.com
www.uhc.com

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

Health Maintenance Organizations

HMO	Address	CUSTOMER SERVICE INFORMATION			Does the HMO market to individuals?
		Customer Service Phone Number	Days of the week the phone is staffed	Hours the phone is staffed	
Aetna Health, Inc.	151 Farmington Ave. Hartford, CT 06156	1-877-402-8742	Monday-Friday	8:00am-6:00pm	No
Anthem Blue Cross & Blue Shield of CT, Inc.	108 Leigus Road Wallingford, CT 06492	multiple numbers	Monday-Friday	8:00am-5:00pm	Yes
CIGNA HealthCare of CT., Inc.	900 Cottage Grove Road Bloomfield, CT 06002	1-800-244-6224	Monday-Sunday	24 hours per day	No
ConnectiCare, Inc.	175 Scott Swamp Road Farmington, CT 06032	1-800-251-7722 and 860-674-5757	Monday-Friday	Mon-Thu 8:00am-6:00pm Fri 8:00am-5:00pm	Yes
Oxford Health Plans (CT), Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222 (member) 1-800-666-1353 (provider)	Monday-Friday	8:00am-6:00pm	No

Health Maintenance Organizations

Fully Insured Enrollment	Other Enrollment	Total Enrollment	Level of NCQA Accreditation Achieved ¹
38,158	1,349	39,507	Commendable
97,624	177,963	275,587	Excellent
75	0	75	Commendable
61,270	0	61,270	Excellent
16,136	0	16,136	Commendable

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

Levels of Accreditation

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

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

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

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

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

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

Indemnity Managed Care Organizations

Managed Care Organization	Address	CUSTOMER SERVICE INFORMATION		
		Phone Number	Days of the week the phone is staffed	Hours Staffed (eastern time)
Aetna Life Insurance Company	151 Farmington Ave. Hartford, CT 06156	1-800-962-6842	Monday-Friday	8:00am-6:00pm
Anthem Blue Cross & Blue Shield of CT, Inc.	108 Leigus Road Wallingford, CT 06492	multiple numbers	Monday-Friday	8:00am-5:00pm
Celtic Insurance Company	233 So. Wacker Dr., Ste. 700 Chicago, IL 60606-6393	1-800-477-7870	Monday-Friday	9:00am-6:00pm
CIGNA Health & Life Insurance Company, Inc.	900 Cottage Grove Road Bloomfield, CT 06152	1-800-244-6224	Monday-Sunday	24 hours per day
ConnectiCare Insurance Company Inc.	175 Scott Swamp Road Farmington, CT 06032	1-800-251-7722 and 860-674-5757	Monday-Friday	Mon-Thu 8:00am-6:00pm Fri 8:00am-5:00pm
Connecticut General Life Insurance Company	900 Cottage Grove Road Hartford, CT 06152	1-800-244-6224	Monday-Sunday	24 hours per day
Golden Rule Insurance Company	7440 Woodland Drive Indianapolis, IN 46278-1719	1-800-657-8205	Monday-Friday	8:00am-6:00pm
John Alden Life Insurance Company	501 West Michigan 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) 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
Yes	95,183	207,821	303,004	Full Accreditation
Yes	226,219	654,938	881,157	NA
Yes	359	0	359	NA
No	57,761	359,972	417,733	Excellent
Yes	84,126	30,708	114,834	In Progress
No	4,740	60,815	65,555	Excellent
Yes	17,716	0	17,716	NA
Yes	170	0	170	NA
No	51,682	0	51,682	Commendable
Yes	1,762	875	2,637	NA
No	114,494	0	114,494	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.

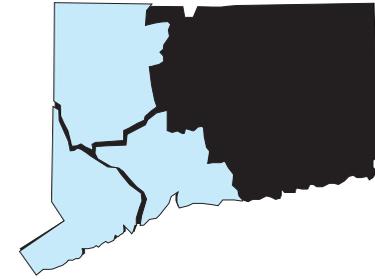
Denied - given to an organization whose programs for service and clinical quality did not meet NCQA requirements during the Accreditation survey.

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



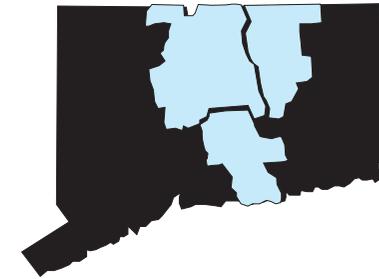
HMO	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	1,006	2,098	6	164	1,141	2,686	7	179	151	412	3	41
Anthem BC-BS	757	1,766	6	161	751	2,438	7	177	113	245	3	39
CIGNA	1,174	2,861	6	161	1,229	3,849	7	174	156	458	3	40
ConnectiCare	1,158	1,848	6	149	1,448	3,201	7	153	141	213	3	33
Oxford	953	1,775	6	163	971	2,286	6	176	129	299	3	40

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

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

Health Maintenance Organizations

Number of Providers Located in Each Connecticut County



HMO	Hartford County				Tolland County				Middlesex County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	1,038	2,214	7	187	152	269	2	23	221	319	1	36
Anthem BC-BS	853	2,309	7	180	77	85	2	22	172	252	1	35
CIGNA	1,180	3,305	7	178	150	297	2	20	251	431	1	33
ConnectiCare	1,503	3,308	7	157	107	102	2	18	208	186	1	32
Oxford	964	1,963	7	181	122	152	2	22	217	277	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



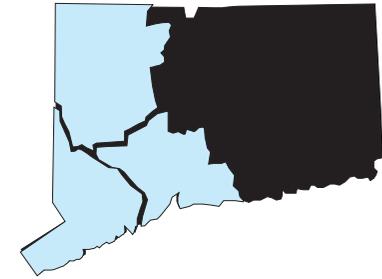
HMO	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	226	580	2	51	136	228	2	24	4,071	8,806	30	705
Anthem BC-BS	200	436	2	49	88	138	2	23	3,011	7,669	30	686
CIGNA	212	668	2	49	140	272	2	23	4,492	12,141	30	678
ConnectiCare	255	548	2	40	127	150	2	18	4,947	9,556	30	600
Oxford	225	396	2	54	126	183	2	24	3,707	7,331	29	695

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	1,007	2,098	6	164	1,142	2,689	7	179	151	414	3	41
Anthem BC-BS	778	1,809	6	161	761	2,487	7	177	116	252	3	39
Celtic	603	1,239	6	160	808	1,987	7	182	81	97	3	40
CIGNA H&L	1,194	2,996	6	161	1,270	3,975	7	174	168	489	3	40
ConnectiCare	1,158	1,848	6	149	1,448	3,201	7	153	141	213	3	33
CT General	1,194	2,996	6	161	1,270	3,975	7	174	168	489	3	40
Golden Rule	953	1,775	6	161	971	2,286	6	175	129	299	3	40
John Alden	603	1,239	6	163	808	1,987	7	180	81	97	3	40
Oxford Health	953	1,775	6	163	971	2,286	7	176	129	299	3	40
Time	603	1,239	6	163	808	1,987	7	180	81	97	3	40
United	953	1,775	6	163	971	2,286	6	176	129	299	3	40

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

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

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

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County*



Indemnity Managed Care Organization	Hartford County				Tolland County				Middlesex County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Life	1,032	2,225	7	187	151	271	2	23	221	318	1	36
Anthem BC-BS	860	2,360	7	180	78	88	2	22	172	260	1	35
Celtic	734	1,856	7	189	52	46	2	23	98	137	1	39
CIGNA H&L	1,215	3,475	7	178	158	338	2	20	257	458	1	33
ConnectiCare	1,503	3,308	7	157	107	102	2	18	208	186	1	32
CT General	1,215	3,475	7	178	158	338	2	20	257	458	1	33
Golden Rule	964	1,963	7	181	122	152	2	22	217	277	1	35
John Alden	734	1,856	7	188	52	46	2	23	98	137	1	36
Oxford Health	964	1,963	7	181	122	152	2	22	217	277	1	35
Time	734	1,856	7	188	52	46	2	23	98	137	1	36
United	964	1,963	7	181	122	152	2	22	217	277	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	227	580	2	51	138	229	2	24	4,069	8,824	30	705
Anthem BC-BS	204	452	2	49	88	145	2	23	3,057	7,853	30	686
Celtic	156	328	2	51	150	80	2	23	2,682	5,770	30	707
CIGNA H&L	226	731	2	49	143	286	2	23	4,631	12,748	30	678
ConnectiCare	255	548	2	40	127	150	2	18	4,947	9,556	30	600
CT General	226	731	2	49	143	286	2	23	4,631	12,748	30	678
Golden Rule	225	396	2	51	126	183	2	24	3,707	7,331	29	689
John Alden	156	328	2	50	152	80	2	24	2,684	5,770	30	704
Oxford Health	225	396	2	54	126	183	2	24	3,707	7,331	30	695
Time	156	328	2	50	150	80	2	24	2,682	5,770	30	704
United	225	396	2	54	126	183	2	24	3,707	7,331	29	695

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.

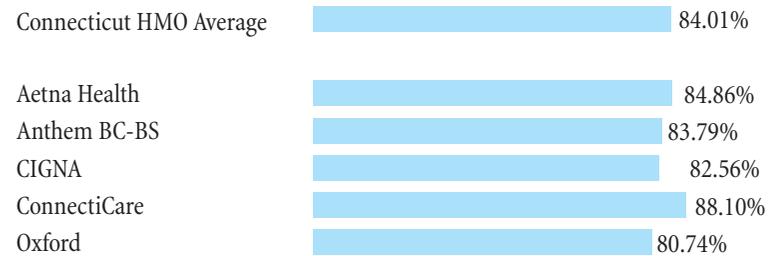
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more 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, 2013.



Percentage of Physician Specialists Who Are Board Certified

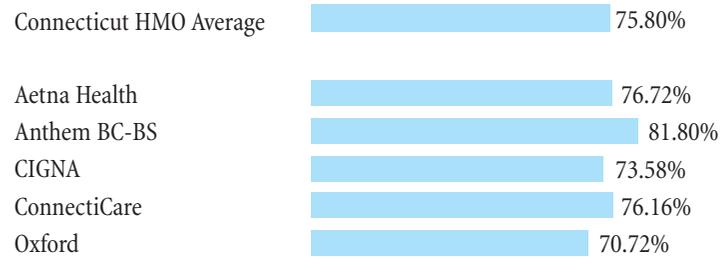
The percentage of physician specialists in the HMO's provider network who were board certified as of December 31, 2013.



Quality Measures

Breast Cancer Screening

The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2013; and (b) were continuously enrolled during 2012 and 2013; and (c) had a mammogram any time between October 1, 2011 and December 31, 2013.

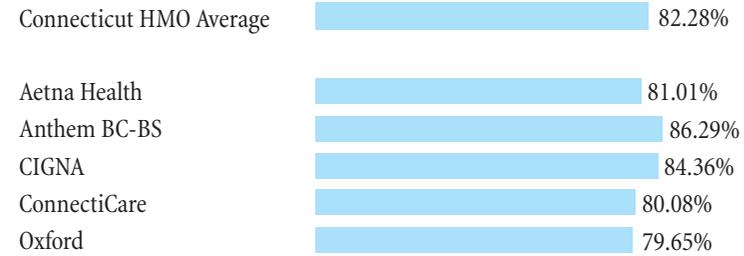


Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 24 through 64 years as of December 31, 2013; and (b) were continuously enrolled during 2011, 2012 or 2013; and (c) who were either,

* a women age 21-64, who had a cervical cytology performed in 2013 or 2 years prior.

* a woman aged 30-64, who had a cervical cytology/human papillomavirus (HPV) co-testing performed in 2013 or 4 years prior.



Quality Measures

Colorectal Cancer Screening

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

- a) Fecal occult blood test (FOBT) during 2013.
- b) Flexible sigmoidoscopy during 2013 or the 4 years prior to 2013.
- c) Colonoscopy during 2013 or the 9 years prior to 2013.



Controlling High Blood Pressure

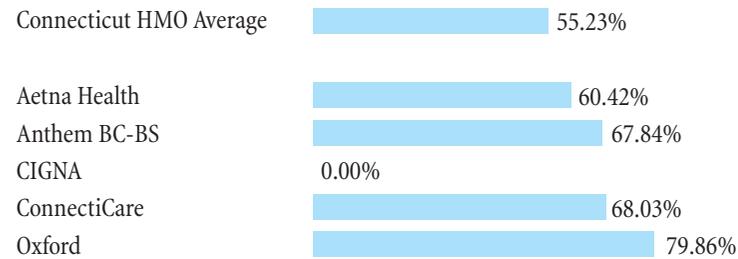
The percentage of members who: (a) were age 18 through 85 years as of December 31, 2013; and (b) were diagnosed with hypertension (HTN); and (c) whose blood pressure was adequately controlled (<140/90) during 2013.



Quality Measures

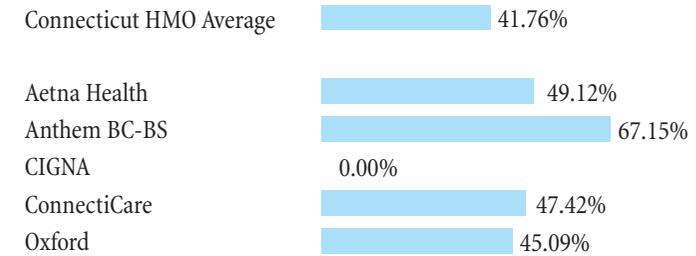
Cholesterol Management for Patients with Cardiovascular Disease

The percentage of enrolled members age 18 through 75 years as of December 31, 2013 who were continuously enrolled during 2012 and 2013 who: (a) were discharged alive for acute myocardial infarction, coronary artery bypass graft, or percutaneous coronary interventions in 2012; or (b) who had a diagnosis of ischemic vascular disease during 2013 or 2012; and had an LDL-C control (<100mg/dl) during 2013



Childhood Immunizations

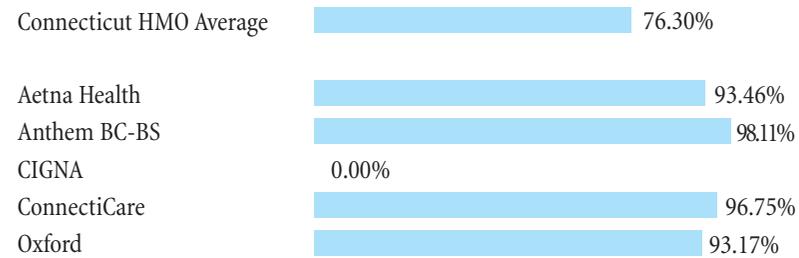
The percentage of enrolled children who: (a) turned two years old during 2013; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, hepatitis a and rotavirus are included in this measure.



Quality Measures

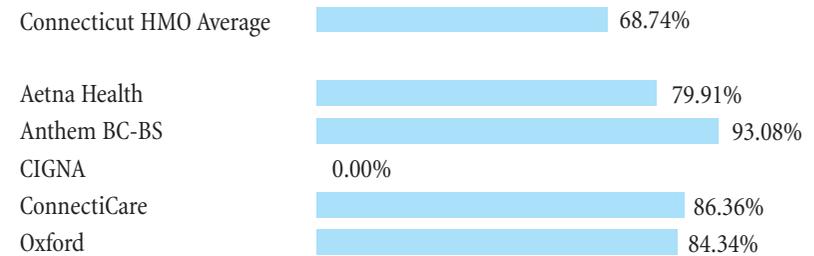
Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2012 and November 5, 2013; 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

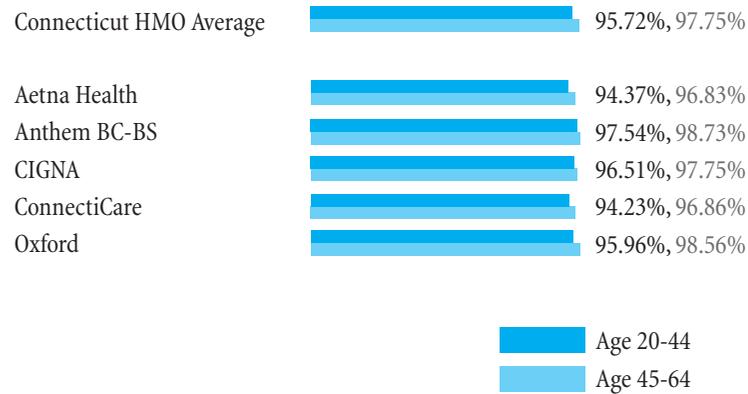
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2012 and November 5, 2013; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



Quality Measures

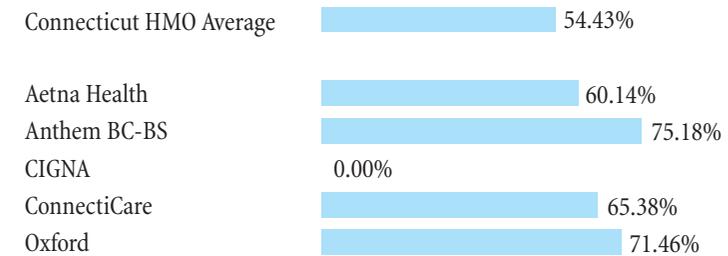
Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2013 who (a) were continuously enrolled in the plan during 2011, 2012 and 2013; and (b) have had at least one ambulatory or preventive care visit with in 2011, 2012 or 2013.



Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2013; and (b) turned 18 through 75 years of age during 2013; and (c) were continuously enrolled during 2013; and (d) had either a retinal or dilated eye examination in 2013, or had a negative retinal or dilated eye examination in 2012.



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, 2013; and (b) were hospitalized and discharged alive between July 1, 2012 and June 30, 2013; 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		36.28%
Aetna Health		95.00%
Anthem BC-BS		0.00%
CIGNA		0.00%
ConnectiCare		86.41%
Oxford		0.00%

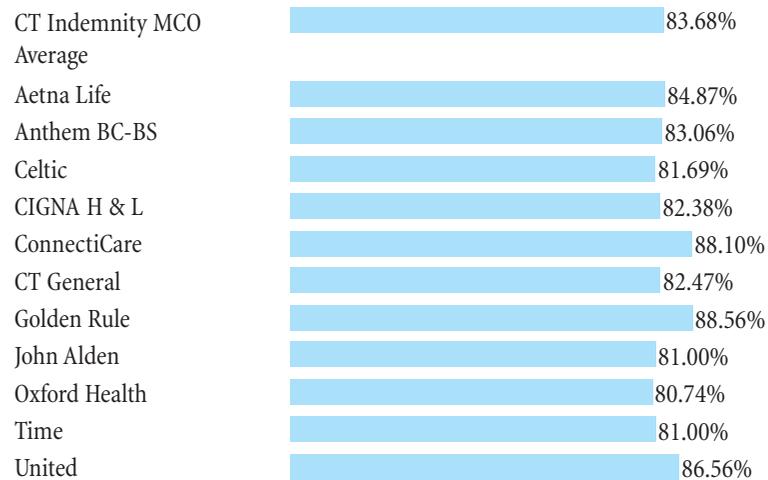
Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2013	Average cost per prescription	Average annual number of prescriptions per member per year	Average Cost per member per month
Aetna Health	\$1,200,959,860	\$94.21	9.22	\$72.38
Anthem BC-BS	\$161,205,406	\$94.95	14.51	\$114.80
CIGNA	\$3,748,047	\$93.31	10.66	\$82.92
ConnectiCare	\$137,621,151	\$69.59	13.37	\$77.54
Oxford	\$15,523,863	\$96.32	10.98	\$88.16

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, 2013.



Percentage of Physicians Specialist Who Are Board Certified

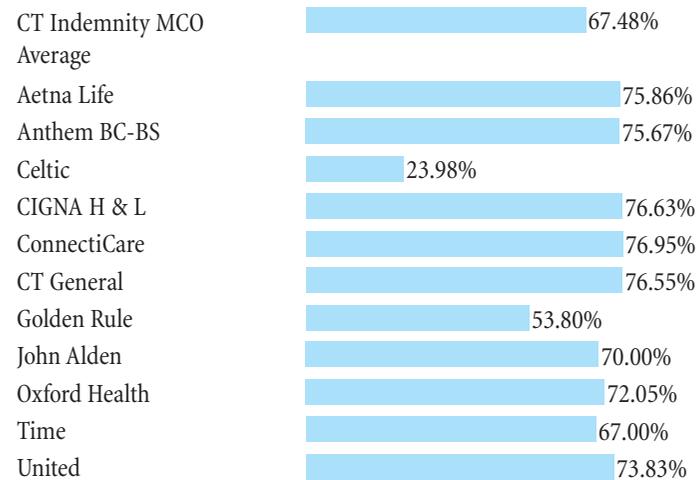
The percentage of physician specialists in the Managed Care Organization provider network who were board certified as of December 31, 2013.



Quality Measures

Breast Cancer Screening

The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2013; and (b) were continuously enrolled during 2012 and 2013; and (c) had a mammogram any time between October 1, 2011 and December 31, 2013.

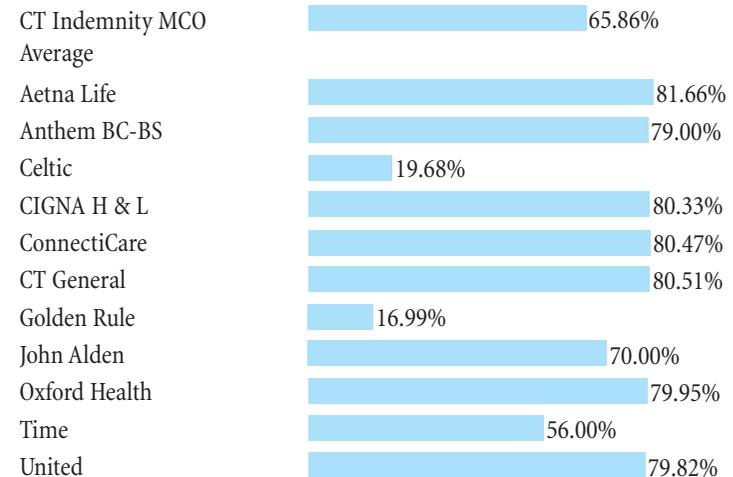


Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 24 through 64 years as of December 31, 2013; and (b) were continuously enrolled during 2011, 2012 or 2013; and (c) who were either:

* a women age 21-64, who had a cervical cytology performed in 2013 or 2 years prior.

* a women age 30-64, who had a cervical cytology/human papillomavirus (HPV) co-testing performed in 2013 or the 4 years prior.

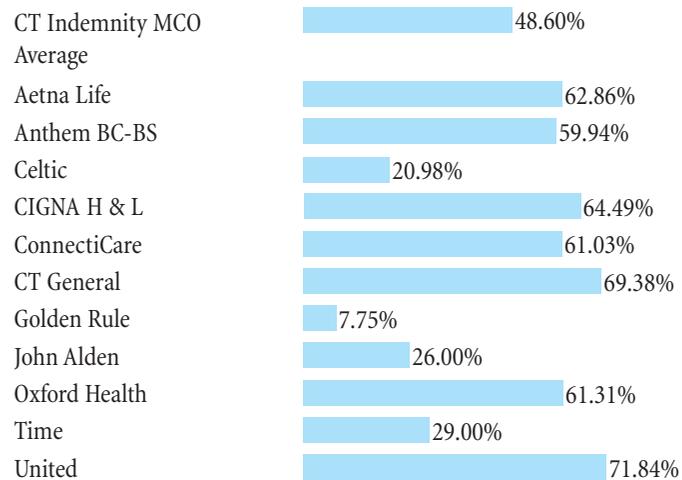


Quality Measures

Colorectal Cancer Screening

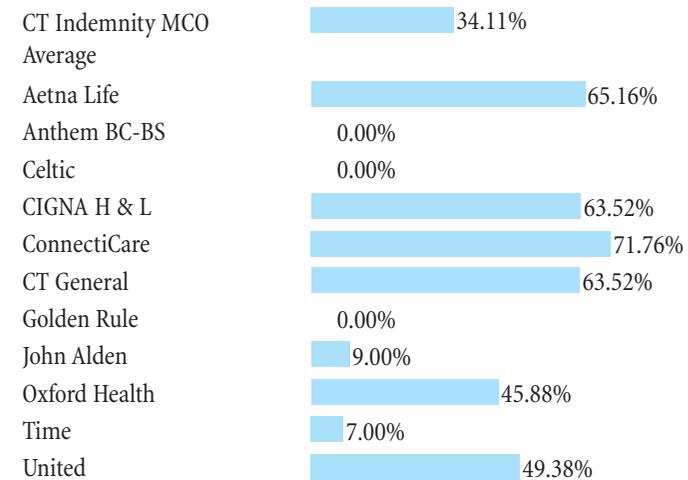
The percentage of members age 51-75 who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any of the following criteria:

- a) Fecal occult blood test (FOBT) during 2013.
- b) Flexible sigmoidoscopy during 2013 or the 4 years prior to 2013.
- c) Colonoscopy during 2013 or the 9 years prior to 2013.



Controlling High Blood Pressure

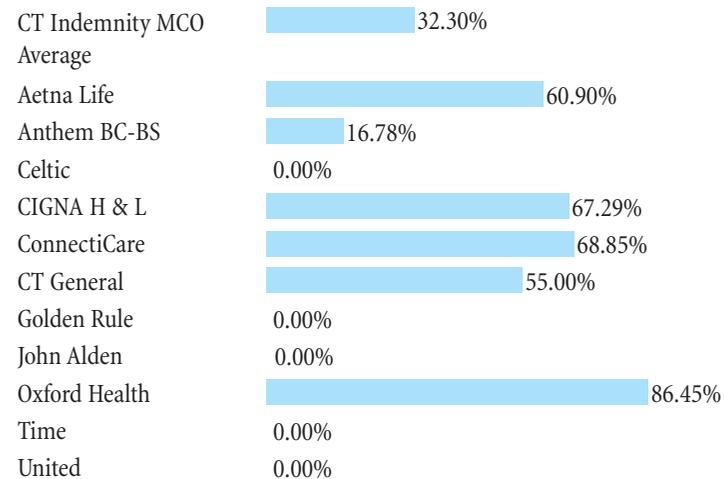
The percentage of members who: (a) were age 18 through 85 years as of December 31, 2013; and (b) were diagnosed with hypertension (HTN); and (c) whose blood pressure was adequately controlled (<140/90) during 2013.



Quality Measures

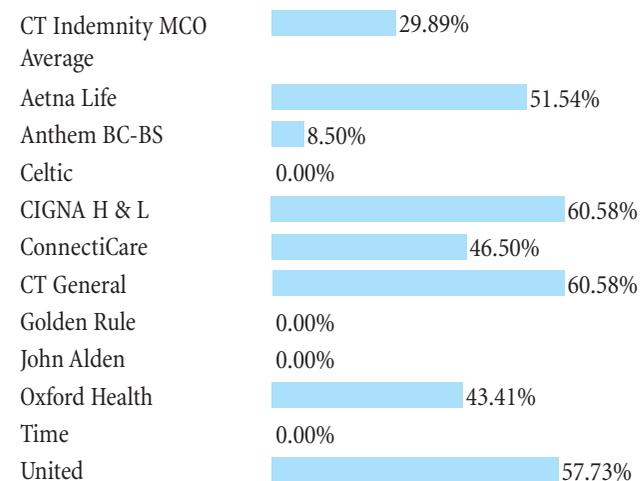
Cholesterol Management for Patients with Cardiovascular Disease

The percentage of enrolled members age 18 through 75 years as of December 31, 2013 who were continuously enrolled during 2012 and 2013 who; (a) were discharged alive for acute myocardial infarction, coronary artery bypass graft, or percutaneous coronary interventions 2012; or (b) who had a diagnosis of ischemic vascular disease during 2013 or 2012; and had a LDL-C screening and an LDL-C control (<100mg/dl) during 2013.



Childhood Immunizations

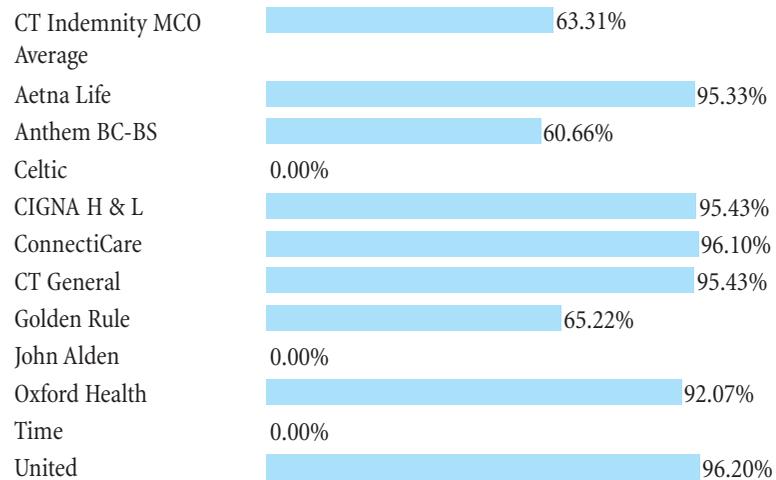
The percentage of enrolled children who: (a) turned two years old during 2013; and (b) were continuously enrolled for the 12 months preceding their second birthday; and have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, hepatitis a and rotavirus are included in this measure.



Quality Measures

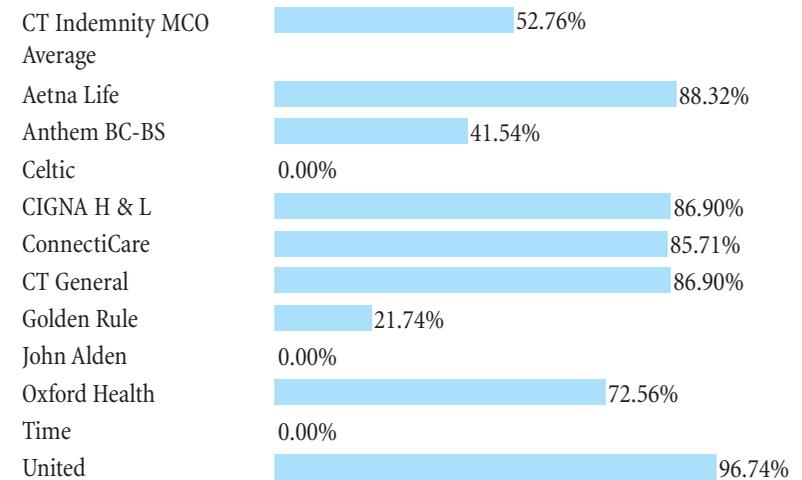
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Postpartum Care Following Delivery

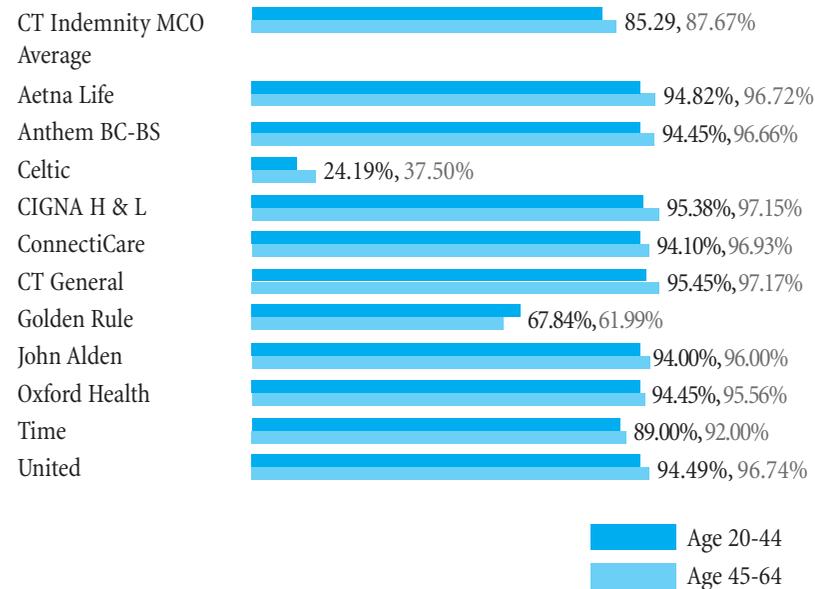
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2012 and November 5, 2013; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



Quality Measures

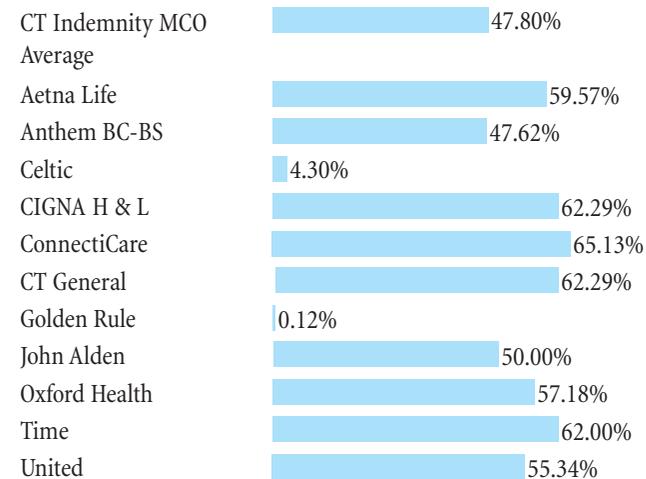
Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2013 who: (a) were continuously enrolled in the plan during 2011, 2012 and 2013; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2011, 2012 or 2013.



Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2013; and (b) turned 18 through 75 years of age during 2013; and (c) were continuously enrolled during 2013; and (d) had either a retinal or dilated eye examination in 2013, or had a negative retinal or dilated eye examination in 2012.



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, 2013; and (b) were hospitalized and discharged alive between July 1, 2012 and June 30, 2013; 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	37.90%
Average	
Aetna Life	92.11%
Anthem BC-BS	88.67%
Celtic	0.00%
CIGNA H & L	75.68%
ConnectiCare	84.00%
CT General	76.32%
Golden Rule	0.07%
John Alden	0.00%
Oxford Health	0.00%
Time	0.00%
United	0.00%

Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2013	Average cost per prescription	Average annual number of prescriptions per member per year	Average cost per member per month
Aetna Life	\$1,866,440,744	\$91.05	8.45	\$64.14
Anthem BC-BS	\$284,239,744	\$83.67	13.47	\$93.91
Celtic	\$502,083	\$121.10	13.28	\$134.07
CIGNA H & L	\$137,673,997	\$89.27	11.21	\$83.36
ConnectiCare	\$75,377,664	\$68.82	13.07	\$74.94
CT General	\$70,711,022	\$89.38	11.19	\$83.35
Golden Rule	\$6,007,194	\$59.55	30.70	\$152.46
John Alden	\$129,187	\$65.51	4.00	\$22.64
Oxford Health	\$57,388,596	\$92.59	10.51	\$81.06
Time	\$657,915	\$71.68	3.00	\$14.72
United	\$66,609,693	\$91.57	10.95	\$83.57

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 BC-BS	CIGNA	ConnectiCare	Oxford
Total number of UR requests	21,243	43,359	132	36,208	14,794
Total number of UR denials	8,505	1,760	36	2,755	1,338
Percentage of UR requests denied	40%	4%	27%	8%	9%
Total number of UR denials that were appealed	599	291	4	202	194
Percentage of denials that were appealed	7%	17%	11%	7%	14%
Total number of denials that were reversed on appeal	168	115	1	76	94
Percentage of denials that were reversed on appeal	28%	40%	25%	38%	48%
Total number of denials that were appealed, upheld and went to external appeal	11	15	1	15	3
Total number of external appeals that were reversed	5	5	0	8	1
Percentage of external appeals that were reversed	45%	33%	0%	53%	33%

Indemnity Managed Care Organizations Utilization Review Measures

Indemnity Managed Care Organizations	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
Total number of UR requests	26,658	89,320	75	35,540	21,462	4,470	29	7	35,982	97	3,148
Total number of UR denials	10,396	3,876	12	8,890	2,608	1,224	17	1	3,489	7	139
Percentage of UR requests denied	39%	4%	16%	25%	12%	27%	59%	14%	10%	7%	4%
Total number of UR denials that were appealed	1,031	345	0	276	222	183	6	0	388	1	85
Percentage of denials that were appealed	10%	9%	0%	3%	9%	15%	35%	0%	11%	14%	61%
Total number of denials that were reversed on appeal	312	120	0	81	98	53	2	0	199	0	38
Percentage of denials that were reversed on appeal	30%	35%	0%	29%	44%	29%	33%	0%	51%	0%	45%
Total number of denials that were appealed, upheld and went to external appeal	15	48	0	14	18	18	0	0	12	0	4
Total number of external appeals that were reversed	7	8	0	3	6	4	0	0	2	0	0
Percentage of external appeals that were reversed	47%	17%	0%	21%	33%	22%	0%	0%	17%	0%	0%

* ConnectiCare's total number of external appeals that were reversed includes 2 revised decisions.

Health Maintenance Organizations

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2013.	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
1)Number of UR request received					
a) Inpatient Admissions	275	386	3	371	134
b) Outpatient Services	284	712	1	2,269	148
c) Procedures	5	0	0	0	0
d) Extensions of Stay	425	520	11	564	163
2)Number of Denials (excluding partial denials)					
a) Inpatient Admissions	11	66	0	6	8
b) Outpatient Services	21	9	0	46	16
c) Procedures	2	0	0	0	0
d) Extensions of Stay	0	45	4	21	18
3)Number of Partial Denials					
a) Inpatient Admissions	0	1	0	2	1
b) Outpatient Services	0	0	0	4	2
c) Procedures	0	0	0	0	0
d) Extensions of Stay	18	0	0	7	3
Percentage of UR request that were denied (including partials)	5.26%	7.48%	26.67%	2.68%	10.79%
4)Number of Appeals of Denials					
a) Inpatient Admissions	19	17	0	1	0
b) Outpatient Services	13	6	0	9	3
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	20	2	2	1
Percentage of denials that were appealed	61.54%	35.54%	50.00%	13.95%	8.33%
5)Number of Denials Reversed on Appeal					
a) Inpatient Admissions	9	1	0	0	0
b) Outpatient Services	8	1	0	0	0
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	4	1	1	0
Percentage of appealed denials that were reversed	53.13%	13.95%	50.00%	8.33%	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 2013.	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
6)Number of upheld appeals that went to external appeal					
a) Inpatient Admissions	1	5	0	2	0
b) Outpatient Services	1	0	0	0	0
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0
Percentage of all appeals that went to external appeal	3.85%	4.13%	0.00%	2.33%	0.00%
7)Number of External Appeals Reversed on Appeal					
a) Inpatient Admissions	0	0	0	3	0
b) Outpatient Services	1	0	0	0	0
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0
Percentage of external appeals that were reversed	50.00%	0.00%	0.00%	150.00%	0.00%

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

Health Maintenance Organizations

Mental Health Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	197	1,003	22	517	232
Report the total discharges / 1,000 member months* *for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	3.01	4.10	0.16	0.29	0.48
Report the average length of stay.	8.27	9.40	9.50	8.87	8.36

Mental Health Utilization - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of members who received care					
A) Any Mental Health Service	1,686	31,846	458	11,782	4,014
B) Inpatient Mental Health Services	27	721	23	209	154
C) Intensive Outpatient or Partial Hospitalization Health Services	25	840	8	109	90
D) Outpatient or Emergency Department Health Services	1,680	31,692	452	11,750	3,975
Report the percentage of the above numbers who received the respective service.					
A) Inpatient Mental Health Services	0.28%	0.28%	0.44%	0.11%	0.38%
B) Intensive Outpatient or Partial Hospitalization Health Services	0.26%	0.33%	0.15%	0.06%	0.22%
C) Outpatient or Emergency Department Health Services	17.43%	12.47%	8.57%	6.32%	9.79%

Health Maintenance Organizations

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of inpatient discharges with chemical dependency as the principal diagnosis, including detoxification, at either a hospital or a treatment facility.	82	584	9	449	207
Report the total discharges / 1,000 member months* *for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	1.25	2.39	0.06	0.25	0.43
Report the average length of stay.	4.63	5.30	7.60	4.54	4.97

Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of members who received care					
a) Any Chemical Dependency Service	243	5,442	68	2,215	813
b) Inpatient Chemical Dependency Services	42	1,110	17	275	240
c) Intensive Outpatient or Partial Hospitalization Health Services	31	729	9	95	108
d) Outpatient or Emergency Department Health Services	213	4,820	61	2,100	690
Report the percentage of the above numbers who received the respective service.					
a) Inpatient Chemical Dependency Services	0.44%	0.44%	0.32%	0.15%	0.59%
b) Intensive Outpatient or Partial Hospitalization Health Services	0.32%	0.29%	0.17%	0.05%	0.27%
c) Outpatient or Emergency Department Health Services	2.21%	1.90%	1.16%	1.13%	1.70%

Health Maintenance Organizations

Mental Health Utilization - Follow-up After Hospitalization for Mental Illness	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
The percentage of discharges from an inpatient setting of an acute care facility, including acute psychiatric facilities, with a discharge date on or between Jan. 1 and Dec 1, 2013 for members 6 yrs of age or older who were hospitalized for treatment of select mental health disorders.					
a) Who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner on the date of discharge up to 30 days after the hospital discharge.	77.27%	79.94%	0.00%	83.40%	74.02%
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.	77.27%	64.90%	0.00%	59.29%	56.69%

Mental Health Utilization - Antidepressant Medication Management	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
The percentage of members 18 and older as of Apr. 30, 2013, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the ISPD, who were not taking an antidepressant medication 105 days prior to the ISPD, who were diagnosed with a new episode of depression between May 1, 2011 and Apr. 30, 2013, and treated with antidepressant medication, who met at least one of the following criteria during the intake period.					
* At least one principal diagnosis of major depression in an outpatient, ED, intensive outpatient or partial hospitalization; or * At least two visits in an outpatient, ED, intensive outpatient or partial hospitalization setting on different dates of service with any diagnosis of major depression; or * At least one inpatient claim/encounter with any diagnosis of major depression.					
a) Who remained on antidepressant medication for at least an 84-day period (12 week) acute treatment phase.	71.84%	61.71%	47.06%	68.29%	65.38%
b) Who remained on antidepressant medication for at least 180 days (6 months) continuation treatment phase.	56.70%	48.00%	29.41%	52.67%	52.56%

Health Maintenance Organizations

Claim Expenses -	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2013 through Dec. 31, 2013 for each of the following.					
Inpatient Mental Health	\$4.62	\$3.45	\$18.59	\$3.08	\$3.57
Inpatient Substance Abuse	\$1.16	\$0.49	\$0.63	\$0.65	\$1.13
Outpatient Mental Health	\$6.09	\$8.96	\$5.45	\$3.77	\$7.78
Outpatient Substance Abuse	\$2.34	\$1.29	\$0.19	\$1.05	\$1.02
Total of the above overall	\$14.21	\$14.18	\$24.86	\$8.55	\$13.50

Claim Denial Data -	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
For the period of Jan.1, 2013 through Dec. 31, 2013. The total number of claims received for that period.	1,511,696	1,304,414	2,279	2,538,597	636,837
Provide the number of denials of the total in each of the following:					
1) not a covered benefit	29,299	22,025	66	12,124	9,492
2) not medically necessary	812	612	3	1,780	1,049
3) not an eligible enrollee/dependent	353,469	44,007	3	88,526	24,769
4) incomplete submission	0	8,653	30	49,561	5,277
5) duplicate submission	0	24,519	0	69,863	24,028
6) all other miscellaneous	73,677	151,166	48	219,411	87,318
Provide the denials as a percentage of the total claims for the following:					
1) not a covered benefit	1.90%	1.70%	0.03%	0.48%	1.49%
2) not medically necessary	0.00%	0.05%	0.00%	0.07%	0.16%
3) not an eligible enrollee/dependent	23.38%	3.40%	0.00%	3.49%	3.89%
4) incomplete submission	0.00%	0.07%	0.01%	1.95%	0.82%
5) duplicate submission	0.00%	1.90%	0.00%	2.75%	3.77%
6) all other miscellaneous	4.87%	11.60%	0.02%	8.64%	13.71%

Indemnity Managed Care Companies

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2013.	Aetna Life	Anthem BC-BS	Celtic	CIGNA H&L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
1) Number of UR requests received											
a) Inpatient Admissions	502	488	1	214	454	118	0	0	320	23	242
b) Outpatient Services	416	792	0	129	2,750	76	0	0	419	0	506
c) Procedures	11	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	818	629	0	366	729	175	0	0	393	6	315
2) Number of Total Denials (excluding partials)											
a) Inpatient Admissions	9	129	0	8	3	2	0	0	13	0	12
b) Outpatient Services	16	31	0	4	60	5	0	0	52	0	44
c) Procedures	1	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	58	0	34	23	13	0	0	44	0	29
3) Number of Partial Denials											
a) Inpatient Admissions	0	0	0	2	0	0	0	0	3	0	1
b) Outpatient Services	0	1	0	0	10	1	0	0	5	0	5
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	43	0	0	1	2	1	0	0	5	0	4
Percentage of UR request that were denied (including partials)	3.95%	11.47%	0.00%	6.91%	2.49%	5.96%	0.00%	0.00%	10.78%	0.00%	8.94%
4) Number of Appeals of Denials											
a) Inpatient Admissions	38	80	0	0	1	1	0	0	2	0	2
b) Outpatient Services	5	13	0	4	15	5	0	0	15	0	8
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	33	0	17	3	8	0	0	6	0	7
Percentage of denials that were appealed	62.32%	57.53%	0.0%	42.86%	19.39%	63.64%	0.00%	0.00%	18.85%	0.00%	17.89%
5) Number of Denials Reversed on Appeal											
a) Inpatient Admissions	22	3	0	0	0	0	0	0	1	0	0
b) Outpatient Services	1	5	0	0	2	0	0	0	0	0	2
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	5	0	2	2	3	0	0	1	0	2
Percentage of appealed denials that were reversed	33.33%	5.94%	0.00%	4.08%	4.08%	13.64%	0.00%	0.00%	1.64%	0.00%	4.21%

Indemnity Managed Care Companies

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2013.	Aetna Life	Anthem BC-BS	Celtic	CIGNA H&L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
6) Number of upheld appeals that went to External Appeal	3	21	0	0	5	0	0	0	0	0	0
a) Inpatient Admissions	0	5	0	1	1	1	0	0	4	0	0
b) Outpatient Services	0	0	0	0	0	0	0	0	0	0	0
c) Procedures	0	1	0	3	0	2	0	0	0	0	0
d) Extensions of Stay											
Percentage of appealed denials that went to external appeal	6.98%	21.43%	0.00%	19.05%	31.58%	21.43%	0.00%	0.00%	17.39%	0.00%	0.00%
7) Number of external appeals reversed on appeal											
a) Inpatient Admissions	3	4	0	0	4	0	0	0	0	0	0
b) Outpatient Services	0	3	0	0	0	0	0	0	1	0	0
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0	1	0	0	0	0	0
Percentage of external appeals that were reversed	100.00%	25.93%	0.00%	0.00%	66.67%	33.33%	0.00%	0.00%	25.00%	0.00%	0.00%

* Aetna Life inpatient admissions appealed (5a), includes those for extensions of stay and partial denials as they could not separate in their appeals system.

** ConnectiCare Ins. external appeals reversed inpatient admissions (7a), includes 2 revised decisions.

Indemnity Managed Care Companies

Mental Health Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	342	1,376	0	763	303	785	67	0	225	8	655
Report the total discharges / 1,000 member mths* * for Medicaid. Commercial & Medicare use:	2.43	4.02	0	0.20	0.30	0.21	0.29	0	0.30	0.45	0.36
discharges / 1,000 members per year											
Report the average length of stay.	7.87	8.80	0.00	9.80	9.53	9.82	11.00	0.00	9.20	8.25	6.44

Mental Health Utilization - Percentage by Level of Care

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
1) Report the total number of members who received											
a) Any Mental Health Service	38,964	53,542	0	24,502	6,134	24,960	1,569	21	6,254	141	14,145
b) Inpatient Mental Health Services	841	1,360	0	981	111	1,004	49	0	169	8	370
c) Intensive Outpatient or Partial Hospitalization Health Services	754	1,306	0	510	56	518	77	0	126	5	331
d) Outpatient or Emergency Department Health Services	38,809	53,207	0	24,113	5,118	24,565	1,548	20	6,227	135	14,085
2) Report the percentage of the above numbers who received the respective service											
a) Inpatient Mental Health Services	0.26%	0.24%	0.00%	0.37%	0.11%	0.36%	0.37%	0.00%	0.27%	0.45%	0.24%
b) Intensive Outpatient or Partial Hospitalization Health Services	0.23%	0.23%	0.00%	0.19%	0.05%	0.18%	0.58%	0.00%	0.20%	0.28%	0.22%
c) Outpatient or Emergency Department Health Services	11.92%	9.47%	0.00%	9.02%	4.86%	9.00%	11.63%	11.76%	10.02%	7.66%	9.29%

Indemnity Managed Care Companies

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
Report the total number of inpatient discharges with chemical dependency as the principal diagnosis, including detoxification, at either a hospital or a treatment facility.	194	747	5	623	228	632	14	0	228	0	389
Report the total discharges / 1,000 member mths* * for Medicaid. Commercial & Medicare use:	1.38	2.18	0.14	0.17	0.23	0.02	0.06	0	0.31	0	0.21
Report the average length of stay.	5.01	6.00	9.00	6.17	4.98	6.19	8.00	0.00	4.81	0.00	5.41

Alcohol & Other Drug Services - Percentage by Level of Care

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
1) Report the total number of members who received care											
a) Any Chemical Dependency Service	5,112	8,650	9	3,673	1,160	1,870	179	1	1,023	6	2,232
b) Inpatient Chemical Dependency Services	1,138	1,892	3	758	148	388	22	0	238	1	541
c) Intensive Outpatient or Partial Hospitalization Health Services	771	1,056	0	537	54	273	17	0	140	1	189
d) Outpatient or Emergency Department Health Services	4,546	7,561	6	3,343	1,090	1,702	173	0	882	1	1,981
2) Report the percentage of the above numbers who received the respective service											
a) Inpatient Chemical Dependency Services	0.35%	0.34%	0.80%	0.28%	0.14%	0.28%	0.17%	0.00%	1.65%	0.06%	0.36%
b) Intensive Outpatient or Partial Hospitalization Health Services	0.24%	0.19%	0.00%	0.20%	0.05%	0.20%	0.13%	0.00%	0.23%	0.06%	0.25%
c) Outpatient or Emergency Department Health Services	1.40%	1.35%	1.60%	0.91%	1.04%	1.25%	1.30%	0.00%	1.42%	0.06%	1.31%

Indemnity Managed Care Companies

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

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
The percentage of discharges from a inpatient setting of an acute care facility, including acute psychiatric facilities, with a discharge date on or between Jan 1 and Dec 1, 2013 for members 6 yrs of age or older who were hospitalized for treatment of select mental health disorders.											
a) who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner on the date of discharge up to 30 days after the hospital discharge.	80.30%	75.23%	100.00%	78.65%	81.69%	78.66%	64.71%	8.82%	77.63%	2.95%	81.05%
b) who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner on the date of discharge up to 7 days after the hospital discharge.	63.32%	55.65%	100.00%	60.67%	52.82%	60.48%	47.06%	5.29%	58.55%	2.55%	66.18%

Mental Health Utilization - Antidepressant Medication Management

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
The percentage of members 18 and older as of Apr. 30, 2013, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the (ISPD), who were not taking an antidepressant medication 105 days prior to the ISPD, who were diagnosed with a new episode of depression between May 1, 2012 and Apr. 30, 2013, and treated with antidepressant medication, who met at least one of the following criteria during the intake period. * At least one principal diagnosis of major depression in an outpatient, ED, intensive outpatient or partial hospitalization; or * At least two visits in an outpatient, ED intensive outpatient or partial hospitalization setting on different dates of service with any diagnosis of major depression; or * At least one inpatient claim/encounter with any diagnosis of major depression.											
a) Who remained on antidepressant medication for at least an 84 day period (12 week) acute treatment phase.	75.35%	67.48%	0.00%	59.65%	68.68%	59.26%	0.00%	0.00%	66.03%	0.11%	67.99%
b) Who remained on antidepressant medication for at least 180 days (6 months) continuation treatment phase.	65.86%	50.91%	0.00%	38.62%	53.43%	38.33%	0.00%	0.00%	51.71%	0.06%	51.81%

Claim Expenses -

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2013 through Dec. 31, 2013, for each of the following.											
Inpatient Mental Health	\$3.59	\$3.30	\$0.00	\$2.63	\$3.51	\$0.41	\$4.42	\$0.00	\$2.84	\$5.92	\$2.22
Inpatient Substance Abuse	\$0.89	\$0.58	\$1.03	\$0.51	\$0.72	\$0.16	\$0.49	\$0.00	\$1.03	\$0.02	\$0.55
Outpatient Mental Health	\$5.93	\$8.63	\$0.00	\$5.57	\$4.34	\$0.79	\$4.26	\$11.83	\$6.10	\$16.79	\$6.33
Outpatient Substance Abuse	\$2.18	\$2.01	\$0.69	\$0.72	\$0.95	\$0.08	\$0.50	\$5.48	\$1.00	\$1.13	\$1.28
Total of the above overall	\$12.59	\$14.51	\$1.72	\$9.43	\$9.52	\$1.44	\$9.67	\$17.31	\$10.97	\$23.86	\$10.38

Claim Denial Data

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
For the period of Jan.1, 2013 through Dec. 31, 2013											
Total number of claims recieved for the period	2,887,127	1,852,236	2,405	786,906	2,413,221	66,483	179,813	3,449	1,818,018	20,535	4,706,532
Provide the number of denials, of the total for each of the following:											
1) not a covered benefit	83,490	18,619	70	6,983	14,334	708	13,462	33	18,291	375	248,671
2) not medically necessary	1,770	1,414	0	357	1,199	41	89	0	4,446	1	122,650
3) not an eligible enrollee/dependent	670,454	70,638	0	395	31,447	36	5,848	0	53,833	0	8,121
4) incomplete submission	0	45,164	31	649	58,041	24	1,180	334	14,662	2,464	33,637
5) duplicate submission	0	60,337	533	1,098	72,765	87	12,855	178	269,544	1,614	207,106
6) all other miscellaneous	155,675	196,172	1,060	58,386	148,767	3,981	144	23	80,630	225	649,742
Provide denials as a percent of the total claims for the following reasons:											
1) not a covered benefit	2.90%	1.00%	2.91%	0.89%	0.59%	0.01%	7.49%	0.96%	10.00%	1.83%	5.28%
2) not medically necessary	0.00%	0.10%	0.00%	0.05%	0.05%	0.00%	0.05%	0.00%	2.44%	0.00%	2.60%
3) not an eligible enrollee/dependent	23.22%	3.80%	0.00%	0.05%	1.30%	0.00%	3.25%	0.00%	2.96%	0.00%	0.17%
4) incomplete submission	0.00%	2.40%	1.29%	0.08%	2.41%	0.00%	0.66%	9.68%	0.80%	12.00%	0.71%
5) duplicate submission	0.00%	3.30%	22.16%	0.14%	3.02%	0.00%	7.15%	5.16%	14.82%	7.86%	4.40%
6) all other miscellaneous	5.39%	11.00%	44.07%	7.42%	6.16%	0.06%	0.08%	0.67%	4.43%	1.10%	13.80%

Member Satisfaction Survey – Health Maintenance Organizations

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Percentage of Managed Care members surveyed.	3.30%	0.01%	18.00%	0.80%	9.50%
The percentage of those surveyed who responded.	20.89%	26.30%	18.72%	32.00%	31.64%
Q. In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?					
Never	3.30%	0.58%	1.70%	1.00%	3.13%
Sometimes	11.10%	6.40%	13.70%	21.00%	10.31%
Usually	28.90%	33.72%	33.10%	31.00%	31.25%
Always	56.70%	59.30%	51.40%	47.00%	55.31%
Q. In the last 12 months, not counting the times you needed care right away, 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	1.60%	0.41%	1.80%	1.00%	1.17%
Sometimes	12.30%	11.07%	12.40%	16.00%	9.86%
Usually	32.80%	24.18%	32.00%	30.00%	25.59%
Always	53.30%	64.34%	53.80%	54.00%	63.38%
Q. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you needed?					
Never	0.00%	0.87%	0.90%	2.00%	0.51%
Sometimes	10.20%	9.57%	7.80%	9.00%	4.59%
Usually	22.00%	17.39%	21.60%	23.00%	20.92%
Always	67.80%	72.17%	69.80%	66.00%	73.98%
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%	0.00%	1.30%	3.00%	0.24%
Sometimes	12.70%	4.56%	4.30%	5.00%	4.58%
Usually	31.00%	27.80%	34.50%	41.00%	25.06%
Always	55.60%	67.63%	59.90%	52.00%	70.12%
Q. In the last 12 months, how often did the written materials or Internet provide the information you needed about how your health plan works?					
Never	3.80%	7.46%	1.10%	5.00%	5.71%
Sometimes	34.60%	17.91%	36.80%	23.00%	31.43%
Usually	38.50%	55.22%	45.30%	49.00%	47.62%
Always	23.10%	19.40%	16.80%	23.00%	15.24%

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

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Q. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?					
Never	7.90%	2.27%	1.10%	0.00%	3.79%
Sometimes	18.40%	12.50%	15.40%	0.00%	14.39%
Usually	34.20%	26.14%	31.90%	33.00%	26.52%
Always	39.50%	59.09%	51.60%	67.00%	55.30%
Q. In the last 12 months, how often were you satisfied with your prescription drug coverage?					
Never	6.20%	0.00%	1.90%	6.00%	0.44%
Sometimes	17.50%	11.80%	10.80%	23.00%	5.56%
Usually	34.90%	35.20%	47.70%	37.00%	30.00%
Always	41.50%	52.90%	39.60%	34.00%	64.00%
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	29.50%	51.50%	46.90%	45.00%	38.14%
Deductible too high	25.20%	5.40%	8.80%	22.00%	6.19%
Cost of the benefit coverage too high	12.90%	16.20%	7.10%	11.00%	4.64%
Managed care guidelines too restrictive (i.e. prior authorization)	19.40%	5.40%	20.40%	11.00%	22.16%
Drug not included on the formulary	12.90%	21.60%	16.80%	11.00%	26.80%
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	3.40%	0.00%	0.00%	0.00%	0.45%
1	0.70%	0.40%	0.40%	1.00%	0.45%
2	2.70%	0.00%	1.20%	0.00%	0.67%
3	0.70%	0.79%	0.00%	0.00%	0.89%
4	6.00%	2.38%	2.00%	5.00%	0.00%
5	8.70%	4.37%	7.00%	10.00%	3.56%
6	9.40%	3.57%	6.30%	8.00%	4.90%
7	22.10%	7.94%	18.40%	15.00%	10.91%
8	30.20%	24.21%	27.70%	27.00%	22.94%
9	8.10%	24.21%	17.20%	17.00%	24.94%
(best possible) 10	8.10%	32.14%	19.90%	18.00%	30.29%

Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare
Percentage of Managed Care members surveyed.	1.33%	0.48%	54.87%	23.00%	1.00%
The percentage of those surveyed who responded.	23.88%	22.03%	7.11%	23.80%	33.00%
Q. In the last 12 months, how often did you get an appointment with a specialist as soon as you needed.					
Never	2.70%	1.49%	58.33%	0.50%	1.00%
Sometimes	11.00%	8.21%	0.00%	13.30%	15.00%
Usually	30.80%	29.85%	8.33%	33.50%	29.00%
Always	55.50%	60.45%	33.33%	52.80%	54.00%
Q. In the last 12 months, not counting the times you needed care right away, 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	1.50%	0.52%	22.22%	1.30%	4.00%
Sometimes	16.70%	12.57%	0.00%	10.70%	12.00%
Usually	28.10%	23.04%	22.22%	31.40%	28.00%
Always	53.70%	63.87%	55.56%	56.50%	56.00%
Q. In the last 12 months, when you needed care right away for an <u>illness or injury</u>, how often did you get care as soon as you needed?					
Never	1.20%	1.20%	22.22%	0.80%	0.00%
Sometimes	10.60%	10.84%	0.00%	13.30%	9.00%
Usually	15.30%	21.69%	0.00%	23.40%	18.00%
Always	72.90%	66.27%	77.78%	62.50%	73.00%
Q. In the last 12 months, how often was it easy to get care, tests or treatment, you needed through your health plan?					
Never	1.00%	0.55%	25.00%	0.30%	0.00%
Sometimes	5.80%	8.74%	0.00%	4.50%	6.00%
Usually	29.80%	28.96%	25.00%	33.80%	33.00%
Always	63.50%	61.75%	50.00%	61.40%	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	3.30%	11.29%	37.50%	5.50%	5.00%
Sometimes	42.20%	32.26%	12.50%	30.30%	37.00%
Usually	38.90%	41.94%	12.50%	48.60%	48.00%
Always	15.60%	14.52%	37.50%	15.60%	11.00%

CT General	Golden Rule	John Alden	Oxford Health	Time	United
23.00%	5.60%	53.00%	3.00%	62.00%	12.00%
21.24%	24.10%	3.33%	31.64%	7.00%	25.70%
1.10%	21.10%	0.00%	3.13%	30.99%	4.66%
13.50%	13.30%	33.33%	10.31%	16.90%	11.44%
33.30%	22.50%	0.00%	31.25%	19.72%	30.08%
52.10%	43.10%	66.67%	55.31%	32.39%	53.81%
1.60%	15.00%	0.00%	1.17%	18.31%	1.61%
11.60%	7.10%	33.34%	9.86%	16.90%	12.86%
31.70%	25.70%	33.33%	25.59%	26.76%	27.97%
55.20%	52.20%	33.33%	63.38%	38.03%	57.56%
0.90%	15.70%	0.00%	0.51%	25.71%	0.83%
10.60%	5.70%	33.33%	4.59%	7.14%	5.79%
22.50%	19.50%	0.00%	20.92%	18.75%	18.18%
66.20%	59.10%	66.67%	73.98%	48.57%	75.21%
0.80%	11.10%	0.00%	0.24%	17.14%	0.31%
4.40%	10.70%	33.33%	4.58%	15.71%	5.03%
34.20%	23.60%	0.00%	25.06%	24.29%	27.99%
60.70%	54.60%	66.67%	70.12%	42.86%	66.67%
3.30%	24.90%	33.33%	5.71%	34.72%	1.37%
33.60%	22.50%	0.00%	31.43%	18.06%	39.73%
47.00%	25.40%	66.67%	47.62%	26.39%	40.41%
16.20%	27.20%	0.00%	15.24%	20.83%	18.49%

Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare
Q. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?					
Never	1.40%	0.00%	37.50%	1.70%	3.00%
Sometimes	25.40%	28.38%	12.50%	30.20%	23.00%
Usually	33.80%	20.27%	12.50%	27.60%	34.00%
Always	39.40%	51.35%	37.50%	40.50%	41.00%
Q. In the last 12 months, how often were you satisfied with your prescription drug coverage?					
Never	8.40%	3.30%	37.00%	3.00%	5.00%
Sometimes	24.40%	14.10%	0.00%	13.20%	16.00%
Usually	29.50%	25.40%	37.50%	47.60%	44.00%
Always	37.80%	57.20%	25.00%	36.20%	34.00%
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	29.50%	31.40%	16.67%	49.40%	53.00%
Deductible too high	23.30%	3.50%	33.33%	16.50%	22.00%
Cost of the benefit coverage too high	13.70%	13.10%	50.00%	10.10%	7.00%
Managed care guidelines too restrictive (i.e. prior authorization)	13.00%	14.60%	0.00%	13.90%	4.00%
Drug not included on the formulary	20.50%	9.30%	0.00%	10.10%	13.00%
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	0.40%	0.48%	12.50%	0.30%	0.00%
1	0.40%	0.00%	0.00%	1.20%	1.00%
2	1.20%	1.93%	25.00%	0.60%	1.00%
3	1.60%	0.48%	0.00%	2.00%	2.00%
4	2.00%	0.48%	0.00%	2.00%	4.00%
5	8.80%	4.83%	12.50%	8.20%	14.00%
6	6.80%	6.28%	0.00%	7.90%	11.00%
7	14.70%	12.56%	0.00%	15.70%	18.00%
8	31.10%	24.15%	12.50%	29.40%	25.00%
9	17.90%	16.91%	25.00%	16.60%	16.00%
(best possible) 10	15.10%	31.88%	12.50%	16.00%	9.00%

CT General	Golden Rule	John Alden	Oxford Health	Time	United
1.40%	21.30%	33.34%	3.79%	34.29%	3.60%
22.80%	13.90%	33.33%	14.39%	17.14%	17.12%
29.80%	25.70%	33.33%	26.52%	18.57%	37.84%
46.10%	39.10%	0.00%	55.30%	30.00%	41.44%
2.50%	22.20%	0.00%	0.44%	25.71%	4.13%
12.00%	19.20%	33.34%	5.56%	14.29%	14.75%
47.70%	22.70%	33.33%	30.00%	32.86%	45.72%
37.90%	35.90%	33.33%	64.00%	27.14%	35.40%
48.20%	32.20%	0.00%	38.14%	18.92%	47.12%
12.70%	25.40%	0.00%	6.19%	43.24%	23.56%
8.60%	24.20%	50.00%	4.64%	2.70%	4.19%
17.20%	5.40%	0.00%	22.16%	16.22%	8.90%
13.50%	12.80%	50.00%	26.80%	18.92%	14.66%
0.20%	1.30%	0.00%	0.45%	1.39%	0.85%
0.80%	1.30%	0.00%	0.45%	2.78%	1.41%
0.90%	3.00%	33.34%	0.67%	5.56%	1.13%
1.00%	5.20%	0.00%	0.89%	5.56%	1.41%
2.00%	3.90%	0.00%	0.00%	5.56%	1.69%
7.60%	12.10%	33.33%	3.56%	20.83%	6.78%
7.10%	12.60%	0.00%	4.90%	6.94%	11.02%
17.10%	13.90%	0.00%	10.91%	13.88%	19.21%
28.60%	22.50%	0.00%	22.94%	18.06%	25.42%
16.90%	12.10%	0.00%	24.94%	13.88%	16.38%
18.00%	12.10%	33.33%	30.29%	5.56%	14.69%

Medical Loss Ratio By Carrier

Carrier Name	Type of MCO	2013 State Medical Loss Ratio	Individual 2013 Federal Medical Loss Ratio	Small Group 2013 Federal Medical Loss Ratio	Large Group 2013 Federal Medical Loss Ratio
Aetna Health, Inc. of CT	HMO	88.30%	89.30%	91.70%	84.30%
Aetna Life Insurance Company	Indemnity	81.00%	81.40%	68.70%	83.00%
Anthem Blue Cross & Blue Shield of CT, Inc.	HMO	81.60%	89.30%	85.90%	89.40%
Anthem Blue Cross & Blue Shield of CT, Inc.	Indemnity	84.20%	89.30%	85.90%	89.40%
Celtic Insurance Company	Indemnity	86.00%	97.00%	0.00%	0.00%
CIGNA Health & Life Insurance Company, Inc.	Indemnity	86.00%	0.00%	96.30%	88.80%
CIGNA HealthCare of CT., Inc.	HMO	166.00%	95.30%	90.70%	116.00%
ConnectiCare Insurance Co. Inc.	Indemnity	78.90%	81.40%	81.90%	88.80%
ConnectiCare, Inc.	HMO	84.80%	97.10%	80.40%	85.60%
Connecticut General Life Insurance Company	Indemnity	90.00%	117.00%	84.30%	88.60%
Golden Rule Insurance Company	Indemnity	79.90%	84.20%	0.00%	0.00%
John Alden Life Insurance Company	Indemnity	48.37%	74.10%	79.90%	78.90%
Oxford Health Insurance, Inc.	Indemnity	76.30%	95.10%	80.80%	84.20%
Oxford Health Plans (CT), Inc.	HMO	74.09%	0.00%	84.90%	79.70%
Time Insurance Company	Indemnity	85.30%	76.30%	86.10%	78.90%
UnitedHealthCare Insurance Company	Indemnity	74.88%	85.90%	390.50%	88.80%

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

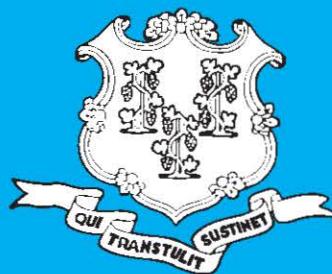
400 Field Drive
Lake Forest, IL 60045
1-800-366-6663

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