

*Consumer Report Card  
on Health Insurance  
Carriers in Connecticut*



October 2010



Dear Health Insurance Consumer,

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 Managed Care 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 to 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 R. Sullivan  
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 2009. 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> )					
<b>If Out of Network Coverage Included</b>					
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.

## Required Health Mandates

SUBJECT	INDIVIDUAL STATUTE	GROUP STATUTE	SUBJECT	INDIVIDUAL STATUTE	GROUP STATUTE
Pre-Existing Condition Waiver	38a-476	38a-476	Definition Of dependent child to 26	38a-497	38a-554
Post-claims underwriting	38a-477b	38a-477b	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
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	Preventive Pediatric Care		38a-535
Birth-To-Three Program (Early Intervention Services)	38a-490a	38a-516a	Blood screening added to preventive pediatric	38a-490d	38a-535(b)
Hearing Aids for Children 12 and Younger	38a-490b	38a-516b	Notice of Cancellation of Group Coverage		38a-537
Craniofacial Disorders	38a-490c	38a-516c	Policy to Allow Spouse Coverage as Both Dependent and Employee		38a-541
Coverage for In-patient Dental	38a-491a	38a-517a	Tumors and Leukemia/Breast Implant Removal & Reconstruction	38a-504	38a-542
Accidental Ingestion of a Controlled Drug	38a-492	38a-518	Cancer Clinical Trials	38a-504a-g	38a-542a-g
Coverage for Hypodermic Needles and Syringes	38a-492a	38a-518a	OON facility during treatment in a clinical trials	38a-504d	38a-542d
Cancer Drugs Not to be Excluded	38a-492b	38a-518b	Age Discrimination-Small Group less than 20 Employees		38a-543
Coverage for Prescription Foods/Formula	38a-492c	38a-518c	Continuation of Coverage		38a-546
Coverage for Diabetes	38a-492d	38a-518d	Coverage for Prospective Adoptive Children	38a-508	38a-549
Diabetes Outpatient Self-Management Training	38a-492e	38a-518e	Infertility Treatment & Procedures	38a-509	38a-536
Screening for Prostate Cancer	38a-492g	38a-518g	Prescription Drug- mail order prohibition	38a-510	38a-544
Lyme Disease Treatment	38a-492h	38a-518h	Access to Imaging Services	38a-511	38a-550
Pain Management	38a-492i	38a-518i	Continuation, Extension & Conversion Rights		38a-554
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			
Requiring coverage for wound care for individuals with epidermolysis bullosa	38a-492n	38a-518m	<b>New Public Acts for 2010</b>		
Home Health Care	38a-493	38a-520	Oral Chemotherapy treatments	PA10-63 s. 1	PA10-63 s. 2

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

## Managed Care Organizations Included in this Report Card

### Health Maintenance Organizations

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

### Indemnity Managed Care Organizations

<b>Aetna Life</b>	Aetna Life Insurance Co.
<b>American Republic</b>	American Republic Insurance Co.
<b>Anthem BC-BS</b>	Anthem Blue Cross & Blue Shield of CT, Inc.
<b>Celtic</b>	Celtic Insurance Co.
<b>ConnectiCare</b>	ConnectiCare Insurance Co., Inc.
<b>CT General</b>	Connecticut General Life Insurance Co.
<b>Golden Rule</b>	Golden Rule Insurance Co.
<b>Guardian</b>	Guardian Life Insurance Co. of America
<b>Health Net</b>	Health Net Insurance of CT, Inc.
<b>John Alden</b>	John Alden Life Insurance Co.
<b>Oxford Health</b>	Oxford Health Insurance Co.
<b>Time</b>	Time Insurance Co.
<b>Trustmark</b>	Trustmark Insurance Co.
<b>Trustmark Life</b>	Trustmark Life Insurance Co.
<b>United</b>	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	<a href="http://www.aetna.com">www.aetna.com</a>
Aetna Life Insurance Co.	<a href="http://www.aetna.com">www.aetna.com</a>
American Republic Insurance Co.	<a href="http://www.aric.com">www.aric.com</a>
Anthem Blue Cross & Blue Shield of CT, Inc.	<a href="http://www.anthem.com">www.anthem.com</a>
Celtic Insurance Co.	<a href="http://www.celtic-net.com">www.celtic-net.com</a>
CIGNA HealthCare of CT, Inc.	<a href="http://www.cigna.com">www.cigna.com</a>
Connecticut General Life Insurance Co.	<a href="http://www.cigna.com">www.cigna.com</a>
ConnectiCare, Inc.	<a href="http://www.connecticare.com">www.connecticare.com</a>
ConnectiCare Insurance Co.	<a href="http://www.connecticare.com">www.connecticare.com</a>
Golden Rule Insurance Co.	<a href="http://www.goldenrule.com">www.goldenrule.com</a>
Guardian Life Insurance Co. of America	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
Health Net of CT, Inc.	<a href="http://www.healthnet.com">www.healthnet.com</a>
Health Net Insurance of CT, Inc.	<a href="http://www.healthnet.com">www.healthnet.com</a>
John Alden Life Insurance Co.	<a href="http://www.assuranthealth.com">www.assuranthealth.com</a>
Oxford Health Plans (CT), Inc.	<a href="http://www.oxhp.com">www.oxhp.com</a>
Oxford Health Insurance Co.	<a href="http://www.oxhp.com">www.oxhp.com</a>
Time Insurance Co.	<a href="http://www.assuranthealth.com">www.assuranthealth.com</a>
Trustmark Insurance Co.	<a href="http://www.trustmarkinsurance.com">www.trustmarkinsurance.com</a>
Trustmark Life Insurance Co.	<a href="http://www.trustmarkinsurance.com">www.trustmarkinsurance.com</a>
Union Security Insurance Co.	<a href="http://www.assuranthealth.com">www.assuranthealth.com</a>
UnitedHealthcare Insurance Co.	<a href="http://www.uhc.com">www.uhc.com</a>

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

## Health Maintenance Organizations

HMO	Address	CUSTOMER SERVICE INFORMATION			Does the HMO market to individuals?
		Customer Service Phone Number	Days of the week the phone is staffed	Hours the phone is staffed	
Aetna Health, Inc.	151 Farmington Ave. Hartford, CT 06156	Varies by group	Monday-Friday	8:00am-6:00pm	No
Anthem Blue Cross & Blue Shield of CT, Inc.	370 Bassett Road North Haven, CT 06473	multiple numbers	Monday-Friday	8:00am-5:00pm	Yes
CIGNA HealthCare of CT., Inc.	900 Cottage Grove Road Hartford, CT 06152	1-800-832-3211 and 1-800-244-6224	Monday-Saturday	7:00am-9:00pm	No
ConnectiCare, Inc.	175 Scott Swamp Road Farmington, CT 06032	1-800-251-7722 and 860-674-5757	Monday-Friday	Mon-Thu 8:00am-6:00pm Fri 8:00am-5:00pm	Yes
Health Net of Connecticut, Inc.	One Far Mill Crossing, P.O. Box 904 Shelton, CT 06484	1-800-441-5741	Monday-Friday	8:00am-6:00pm	No
Oxford Health Plans (CT), Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222 (member) 1-800-666-1353 (provider)	Monday-Friday	8:00am-6:00pm	No

## Health Maintenance Organizations

Fully Insured Enrollment	Other Enrollment	Total Enrollment	Level of NCQA Accreditation Achieved <sup>1</sup>
42,348	9,575	51,923	Excellent
224,607	70,518	295,125	Excellent
14,845	0	14,845	Excellent
154,313	1,845	156,158	Excellent
94,390	77,329	171,719	Excellent
23,525	1,866	25,391	Excellent

### 1) National Committee for Quality Assurance (NCQA)

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

#### Levels of Accreditation

**Excellent (HMO/POS)** - awarded to HMOs that meet or exceed NCQA's standards. Must also achieve HEDIS results in the highest range of performance.

**Full Accreditation (PPOs)** - awarded to health plans that meet the NCQA's standards and is effective for three years.

**Commendable (HMO/POS)** - awarded to HMOs that meet or exceed NCQA standards.

**One-Year Accreditation (PPOs)** - awarded to health plans that meet most of the NCQA's standards but not enough to obtain full accreditation.

**Accredited** - plans that meet most of NCQA's basic requirements.

**In Process** - NCQA has reviewed the health plan for the first time and is in the process of making a decision on the accreditation outcome.

**Denied** - That a health plan did not meet NCQA's requirements during its review.

**Under Review** - Indicates NCQA has chosen to re-review the health plan in order to assess the appropriateness of an existing accreditation.

**Revoked** - Indicates serious circumstances have caused NCQA to withdraw accreditation.

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

## Indemnity Managed Care Organizations

Managed Care Organization	Address	CUSTOMER SERVICE INFORMATION		
		Phone Number	Days of the week the phone is staffed	Hours Staffed (eastern time)
Aetna Life Insurance Company	151 Farmington Ave. Hartford, CT 06156	varies by employer group	Monday-Friday	8:00am-6:00pm
American Republic Insurance Company	601 Sixth Avenue Des Moines, IA 50334	1-800-247-2190	Monday-Friday	8:30am-6:30pm
Anthem Blue Cross & Blue Shield of CT, Inc.	370 Bassett Road North Haven, CT 06473	multiple numbers	Monday-Friday	8:00am-5:00pm
Celtic Insurance Company	233 So. Wacker Dr., Ste. 700 Chicago, IL 60606-6393	1-800-284-7800	Monday-Friday	9:00am-6:00pm
ConnectiCare Insurance Company Inc.	175 Scott Swamp Road Farmington, CT 06032	1-800-251-7722 and 860-674-5757	Monday-Friday	Mon-Thu 8:00am-6:00pm Fri 8:00am-5:00pm
Connecticut General Life Insurance Company	900 Cottage Grove Road Hartford, CT 06152	1-800-832-3211 and 1-800-244-6224	Monday-Saturday	7:00am-9:00pm
Golden Rule Insurance Company	7440 Woodland Drive Indianapolis, IN 46278-1719	1-800-657-8205	Monday-Friday	Mon-Thu 8:00am-7:00pm Fri 8:00am-6:00pm
Guardian Life Insurance Company of America	7 Hanover Sq., 22-H New York, NY 10004	1-800-873-4542	Monday-Friday	8:00am-8:00pm
Health Net Life Insurance Company	One Far Mill Crossing, P.O. Box 904 Shelton, CT 06484	1-800-441-5741	Monday-Friday	8:00am - 6:00pm
John Alden Life Insurance Company	501 West Michigan St. Milwaukee, WI 53201-3050	1-800-800-1212	Monday-Friday	8:00am-7:00pm
Oxford Health Insurance, Inc.	48 Monroe Turnpike Trumbull, CT 06611	1-800-444-6222 (member) 1-800-666-1353 (provider)	Monday-Friday	8:00am-6:00pm
Time Insurance Company	501 West Michigan St. Milwaukee, WI 53201-3050	1-800-800-1212	Monday-Friday	8:00am-7:00pm
Trustmark Insurance Company	400 Field Drive Lake Forest, IL 60045	1-800-366-6663	Monday-Friday	7:00am-6:00pm
Trustmark Life Insurance Company	400 Field Drive Lake Forest, IL 60045	1-800-366-6663	Monday-Friday	7:00am-6:00pm
UnitedHealthCare Insurance Company	185 Asylum Avenue Hartford, CT 06103-3408	1-800-444-6222	Monday-Friday	8:00am-6:00pm

**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 <sup>1</sup>	Level of NCQA Accreditation Achieved
Yes	181,218	342,539	523,757	Full Accreditation
Yes	101	0	101	NA
Yes	312,121	743,728	1,055,849	NA
Yes	286	0	286	NA
Yes	22,189	40,808	62,997	NA
No	60,432	59,540	119,972	Full Accreditation
Yes	19,088	0	19,088	NA
No	329	0	329	Full Accreditation
No	19,256	15,583	34,839	NA
Yes	637	0	637	NA
No	68,293	0	68,293	Full Accreditation
Yes	3,361	0	3,361	NA
No	5	0	5	NA
No	8	0	8	NA
No	111,534	139,862	251,396	NA

### 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 (HMO/POS)** - awarded to HMOs that meet or exceed NCQA's standards. Must also achieve HEDIS results in the highest range of performance.

**Full Accreditation (PPOs)** - awarded to health plans that meet the NCQA's standards and is effective for three years.

**Commendable (HMO/POS)** - awarded to HMOs that meet or exceed NCQA standards.

**One-Year Accreditation (PPOs)** - awarded to health plans that meet most of the NCQA's standards but not enough to obtain full accreditation.

**Accredited** - plans that meet most of NCQA's basic requirements.

**In Process** - NCQA has reviewed the health plan for the first time and is in the process of making a decision on the accreditation outcome.

**Denied** - That a health plan did not meet NCQA's requirements during its review.

**Under Review** - Indicates NCQA has chosen to re-review the health plan in order to assess the appropriateness of an existing accreditation.

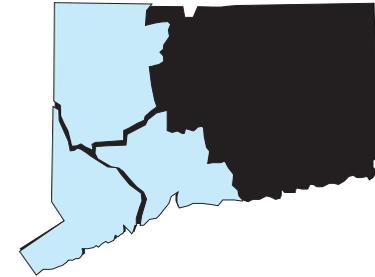
**Revoked** - Indicates serious circumstances have caused NCQA to withdraw accreditation.

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

<sup>1</sup>Only applies to managed care plans issued in Connecticut.

## Health Maintenance Organizations

### Number of Providers Located in Each Connecticut County



**HMO**

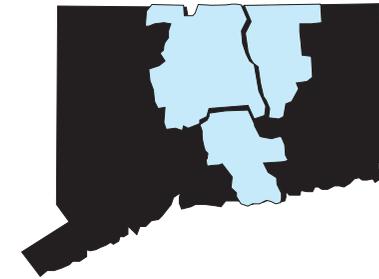
	Fairfield County				New Haven County				Litchfield County			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	783	1,731	6	137	955	2,183	7	168	125	268	3	39
Anthem BC-BS	706	1,369	6	145	684	1,881	7	168	91	145	3	39
CIGNA	816	1,726	6	140	906	2,408	7	166	114	185	3	39
ConnectiCare	820	1,485	6	149	1,197	2,495	7	174	124	218	3	40
Health Net	792	1,935	6	146	756	3,100	7	172	92	207	3	40
Oxford	888	2,265	6	145	1,108	3,415	7	171	124	288	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	894	1,960	7	171	102	211	2	23	179	268	1	30
Anthem BC-BS	763	1,722	7	172	74	59	2	23	114	197	1	29
CIGNA	879	2,037	7	170	72	94	2	23	150	214	1	30
ConnectiCare	1,154	2,522	7	177	89	84	2	25	167	153	1	32
Health Net	789	2,309	7	171	72	141	2	24	121	237	1	30
Oxford	1,033	3,039	7	172	83	169	2	24	127	305	1	28

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



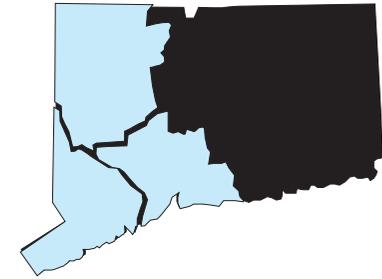
HMO	New London County				Windham County				TOTALS FOR ALL COUNTIES			
	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES	PRIMARY CARE PHYSICIANS	PHYSICIAN SPECIALISTS	HOSPITALS	PHARMACIES
Aetna Health	195	373	2	46	88	153	2	24	3,321	7,147	30	638
Anthem BC-BS	170	323	2	50	72	98	2	23	2,674	5,794	30	649
CIGNA	165	369	2	46	83	143	2	22	3,185	7,176	30	636
ConnectiCare	213	450	2	49	94	92	2	24	3,858	7,499	30	670
Health Net	194	519	2	48	102	144	2	23	2,918	8,592	30	654
Oxford	208	580	2	49	95	173	2	24	3,666	10,234	30	653

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	783	1,731	6	137	955	2,183	7	168	125	268	3	39
American Republic	797	834	6	144	1,222	1,362	8	168	97	120	3	39
Anthem BC-BS	752	1,504	6	145	714	1,994	7	168	92	155	3	39
Celtic	625	1,161	6	7	857	2,610	7	22	87	156	3	3
ConnectiCare	820	1,485	6	149	1,197	2,495	7	174	124	218	3	40
CT General	816	1,726	6	140	906	2,408	7	166	114	185	3	39
Golden Rule	888	2,265	6	182	1,108	3,415	7	169	124	288	3	40
Guardian	1,759	3,918	6	149	3,843	3,843	7	170	187	566	3	40
Health Net	788	1,933	6	145	750	3,043	7	173	92	206	3	40
John Alden	477	1,489	5	145	579	1,641	6	161	92	290	3	38
Oxford Health	888	2,265	6	145	1,108	3,415	7	171	124	288	3	40
Time	477	1,489	5	145	579	1,641	6	161	92	290	3	38
Trustmark	625	1,161	6	152	857	2,610	7	171	87	156	3	43
Trustmark Life	783	1,731	6	152	955	2,183	7	171	125	268	3	43
United	888	2,265	6	145	1,108	3,415	7	171	124	288	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	894	1,960	7	171	102	211	2	23	179	268	1	30
American Republic	1,312	1,142	6	171	90	40	2	23	121	130	1	29
Anthem BC-BS	783	1,830	7	172	75	64	2	23	116	212	1	29
Celtic	757	2,286	7	21	59	70	2	1	86	206	1	0
ConnectiCare	1,154	2,522	7	177	89	84	2	25	167	153	1	32
CT General	879	2,037	7	170	72	94	2	23	150	214	1	30
Golden Rule	1,033	3,039	7	173	83	169	2	25	127	305	1	31
Guardian	2,878	6,276	7	175	188	401	2	26	324	706	1	32
Health Net	788	2,274	7	176	72	141	2	24	121	237	1	31
John Alden	823	2,852	8	161	70	128	2	25	142	268	1	29
Oxford Health	1,033	3,039	7	172	83	169	2	24	127	305	1	28
Time	823	2,852	8	161	70	128	2	25	142	268	1	29
Trustmark	757	2,286	7	180	59	70	2	25	86	206	1	32
Trustmark Life	894	1,960	7	180	102	211	2	25	179	268	1	32
United	1,033	3,039	7	172	83	169	2	24	127	305	1	28

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	195	373	2	46	88	153	2	24	3,321	7,147	30	638
American Republic	191	201	2	47	97	77	2	23	3,927	3,906	30	644
Anthem BC-BS	180	354	2	50	82	119	2	23	2,794	6,232	30	649
Celtic	162	401	2	5	72	128	2	0	2,705	7,018	30	59
ConnectiCare	213	450	2	49	94	92	2	24	3,858	7,499	30	670
CT General	165	369	2	46	83	143	2	22	3,185	7,176	30	636
Golden Rule	208	580	2	49	95	173	2	32	3,666	10,234	30	701
Guardian	419	1,541	2	49	187	425	2	23	9,785	17,676	30	664
Health Net	194	517	2	48	101	145	2	24	2,906	8,496	30	661
John Alden	172	567	2	47	86	191	2	21	2,441	7,426	29	627
Oxford Health	208	580	2	49	95	173	2	24	3,666	10,234	30	670
Time	172	567	2	47	86	191	2	21	2,441	7,426	29	627
Trustmark	162	401	2	46	72	128	2	24	2,705	7,018	30	673
Trustmark Life	195	372	2	46	88	153	2	24	3,321	7,146	30	673
United	208	580	2	49	95	173	2	24	3,666	10,234	30	653

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.

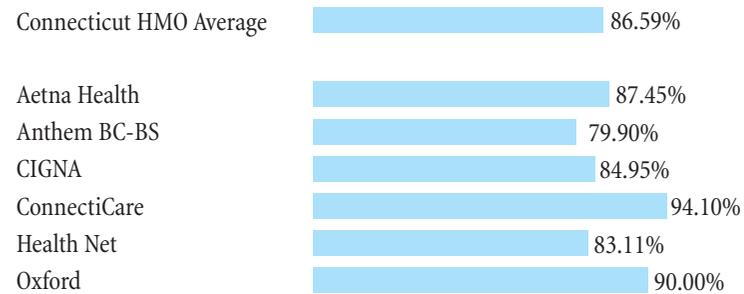
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more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

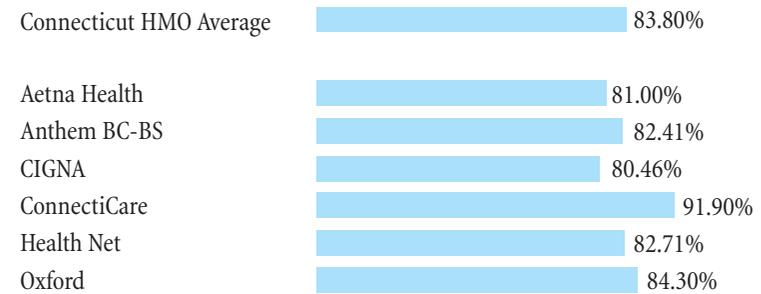
### Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the HMO's provider network who were board certified as of December 31, 2009.



### Percentage of Physician Specialists Who Are Board Certified

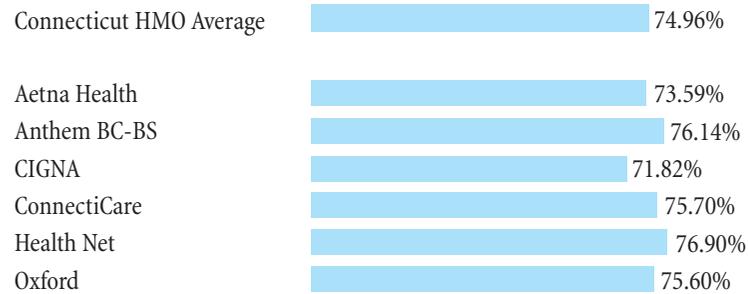
The percentage of physician specialists in the HMO's provider network who were board certified as of December 31, 2009.



## Quality Measures

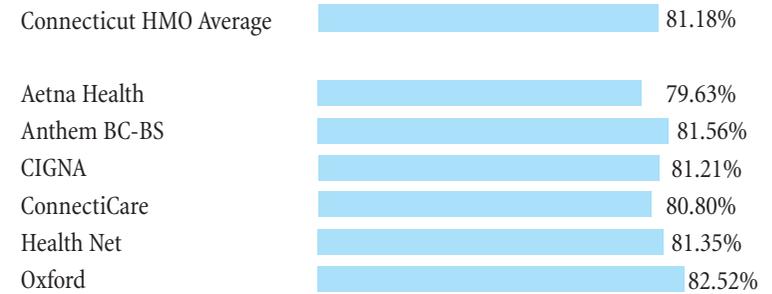
### Breast Cancer Screening

The percentage of enrolled women who: (a) were age 40 through 69 years as of December 31, 2009; and (b) were continuously enrolled during 2008 and 2009; and (c) had a mammogram during 2008 or 2009.



### Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 24 through 64 years as of December 31, 2009; and (b) were continuously enrolled during 2007, 2008 or 2009; and (c) received one or more Pap tests during 2007, 2008 or 2009.

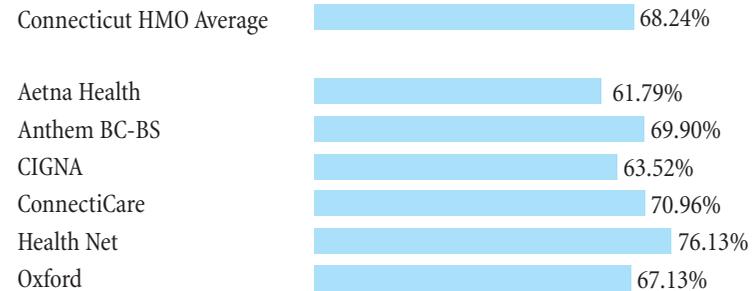


## Quality Measures

### Colorectal Cancer Screening

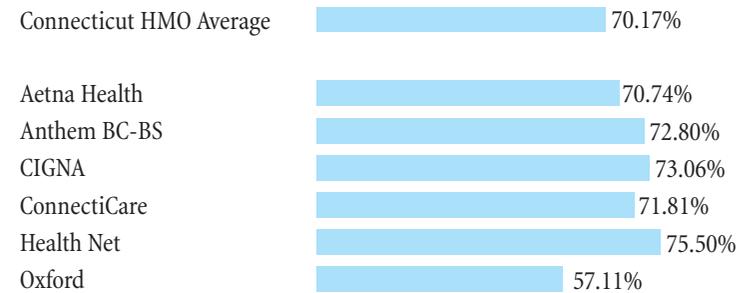
The percentage of members 5-75 who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any of the following criteria:

- a) Fecal occult blood test (FOBT) during 2009.
- b) Flexible sigmoidoscopy during 2009 or the 4 years prior to 2009.
- c) Colonoscopy during 2009 or the 9 years prior to 2009.



### Controlling High Blood Pressure

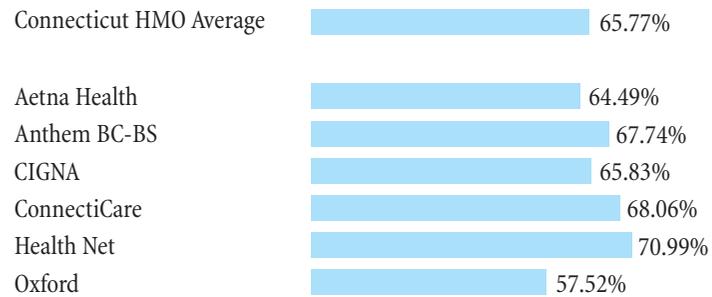
The percentage of members who: (a) were age 18 through 85 years as of December 31, 2009; and (b) were diagnosed with hypertension (HTN); and (c) whose blood pressure was adequately controlled (<140/90) during 2009.



## Quality Measures

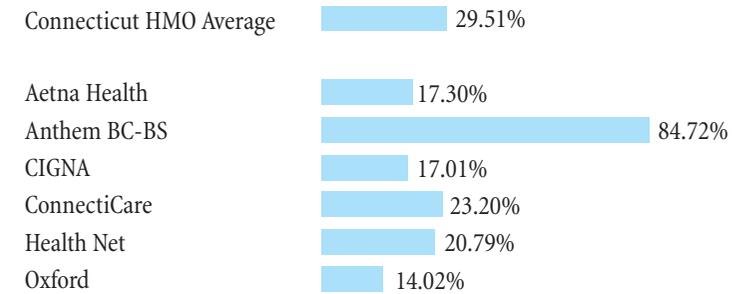
### Cholesterol Management for Patients with Cardiovascular Disease

The percentage of enrolled members age 18 through 75 years as of December 31, 2009 who: (a) were discharged alive for acute myocardial infarction, coronary artery bypass graft, or percutaneous transluminal coronary angioplasty between January 1 and November 1, 2008; or (b) who had a diagnosis of ischemic vascular disease during 2009 or 2008; and (c) who had a LDL-C screening and an LDL-C control (<100mg/dl) during 2009



### Childhood Immunizations

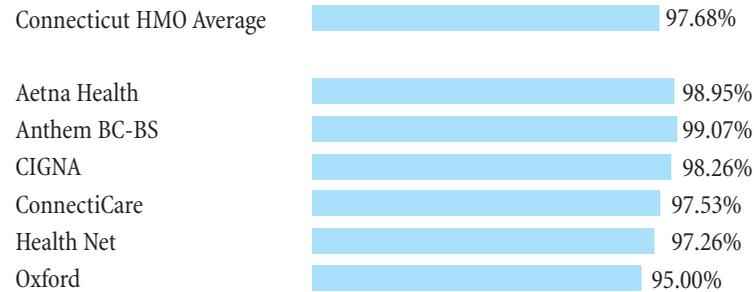
The percentage of enrolled children who: (a) turned two years old during 2009; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, hepatitis a and rotavirus are included in this measure.



## Quality Measures

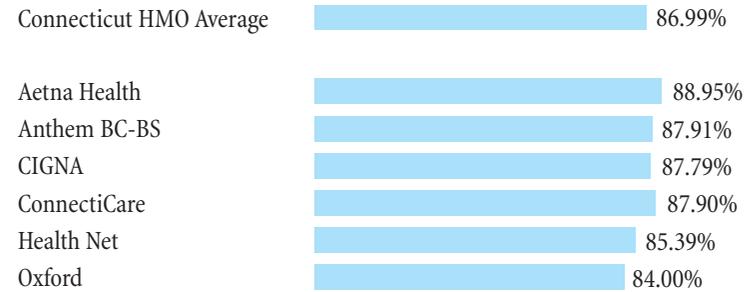
### Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2008 and November 5, 2009; 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

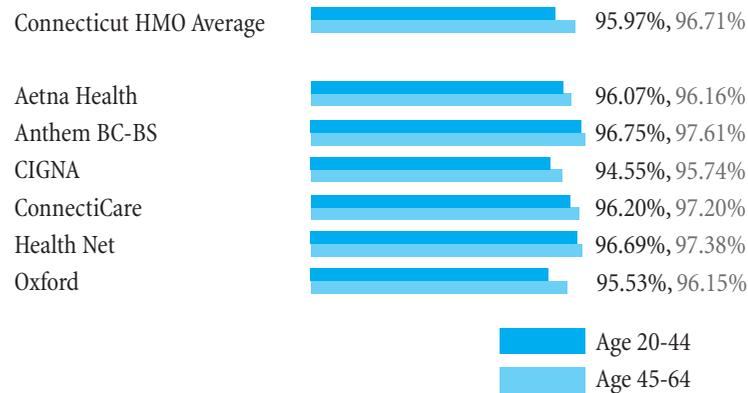
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2008 and November 5, 2009; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



## Quality Measures

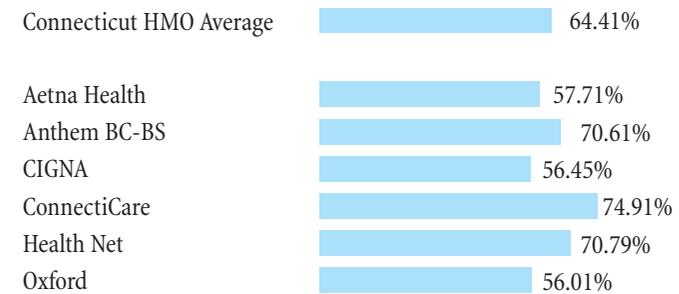
### Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2009 who (a) were continuously enrolled in the plan during 2007, 2008 and 2009; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2007, 2008 or 2009.



### Eye Exams for People with Diabetes

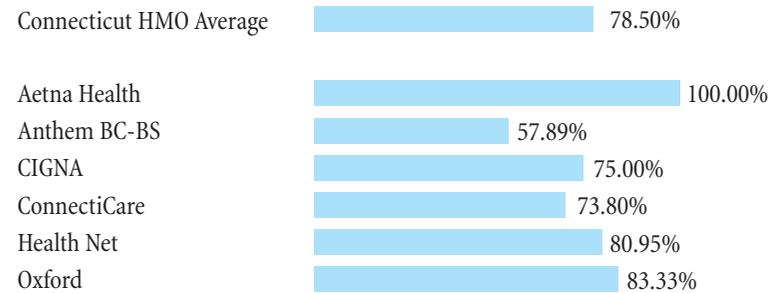
The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2009; and (b) turned 18 through 75 years of age during 2009; and (c) were continuously enrolled during 2009; and (d) had an eye examination in 2008 or 2009.



## Quality Measures

### Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 35 years and older as of December 31, 2009; and (b) were hospitalized and discharged alive between January 1, 2009 and December 24, 2009; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.



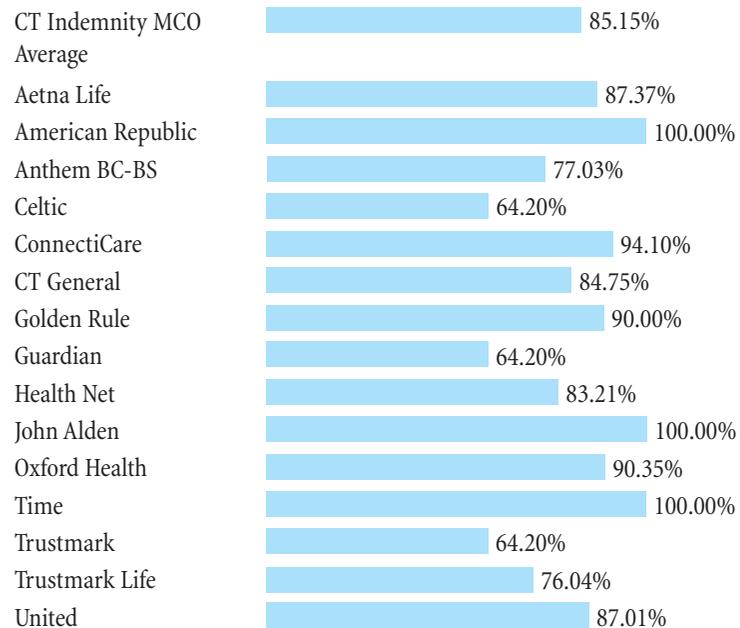
### Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2009	Average cost per prescription	Average annual number of prescriptions per member per year
Aetna Health	\$45,695,191	\$74.04	11.43
Anthem BC-BS	\$140,391,883	\$67.23	12.72
CIGNA	\$21,328,281	\$73.83	10.96
ConnectiCare	\$154,684,594	\$67.90	12.10
Health Net	\$74,031,540	\$83.06	11.89
Oxford	\$11,228,515	\$77.45	10.77

## Quality Measures

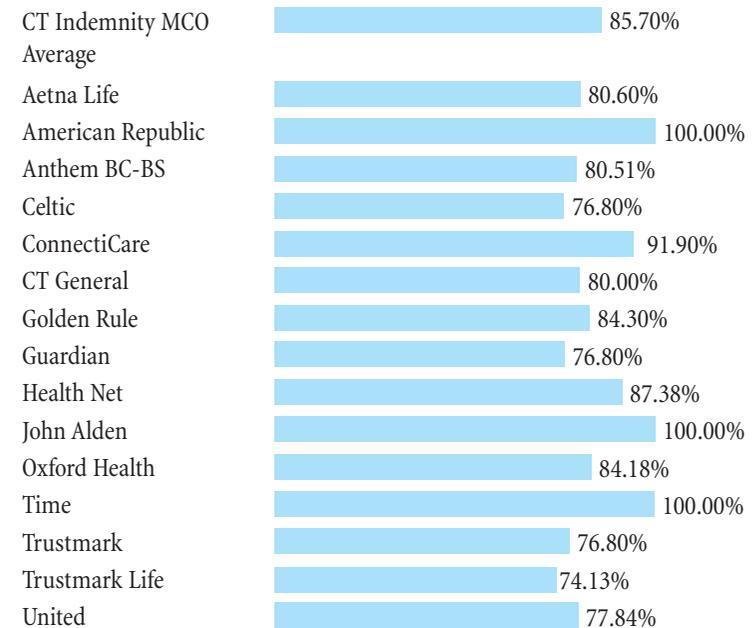
### Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the MCO's provider network who were board certified as of December 31, 2009.



### Percentage of Physicians Specialist Who Are Board Certified

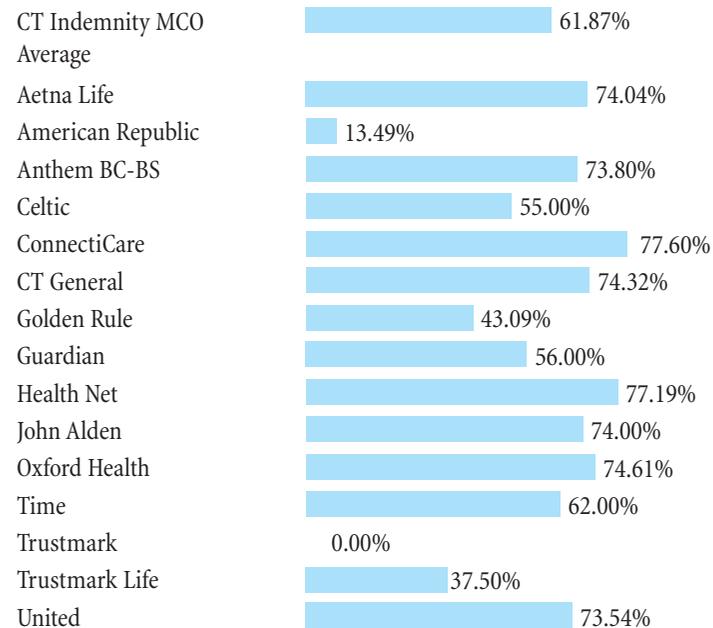
The percentage of physician specialists in the MCO's provider network who were board certified as of December 31, 2009.



## Quality Measures

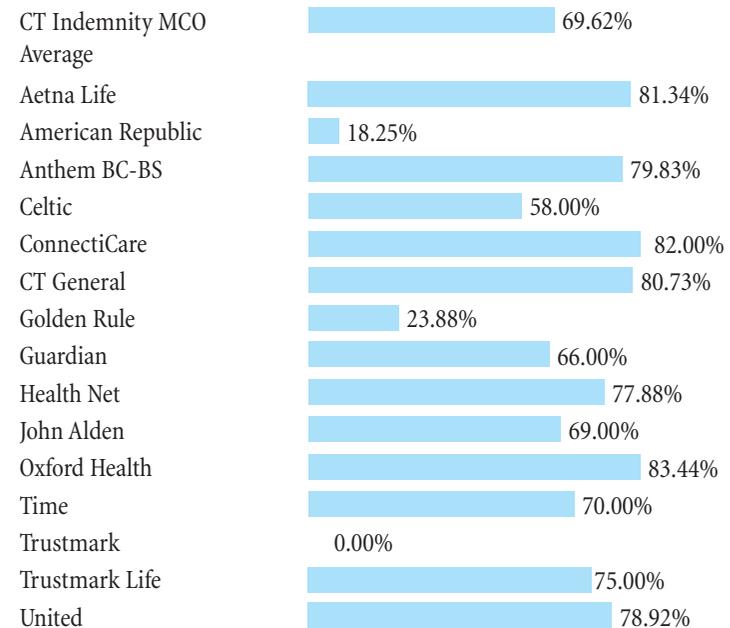
### Breast Cancer Screening

The percentage of enrolled women who: (a) were age 40 through 69 years as of December 31, 2009; and (b) were continuously enrolled during 2008 and 2009; and (c) had a mammogram during 2008 or 2009.



### Cervical Cancer Screening

The percentage of enrolled women who: (a) were age 24 through 64 years as of December 31, 2009; and (b) were continuously enrolled during 2007, 2008 or 2009; and (c) received one or more Pap tests during 2007, 2008 or 2009.

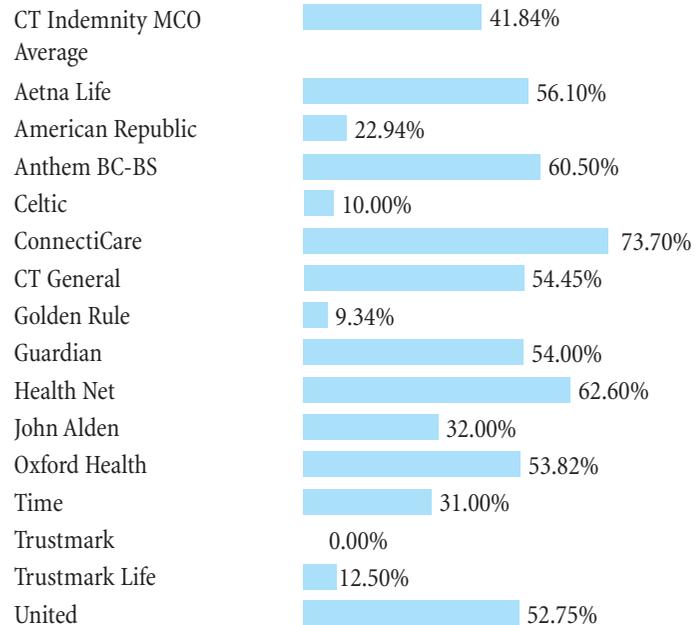


## Quality Measures

### Colorectal Cancer Screening

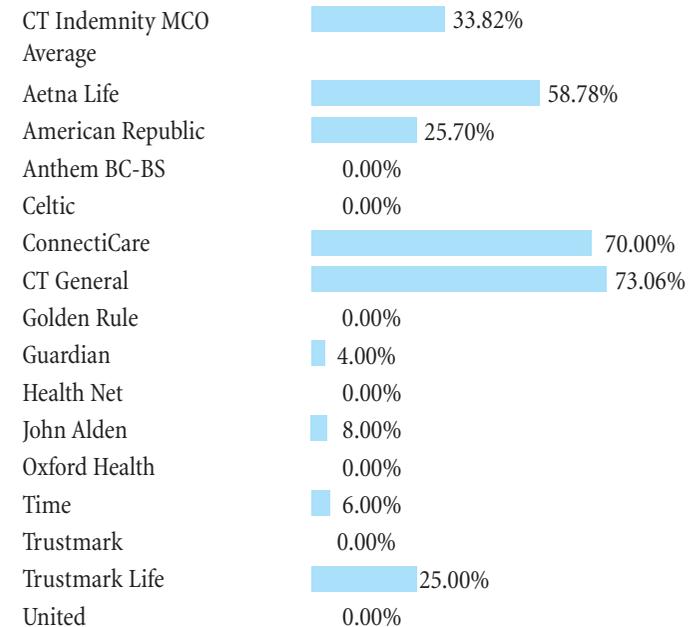
The percentage of members age 50-75 who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any of the following criteria:

- a) Fecal occult blood test (FOBT) during 2009.
- b) Flexible sigmoidoscopy during 2009 or the 4 years prior to 2009.
- c) Colonoscopy during 2009 or the 9 years prior to 2009.



### Controlling High Blood Pressure

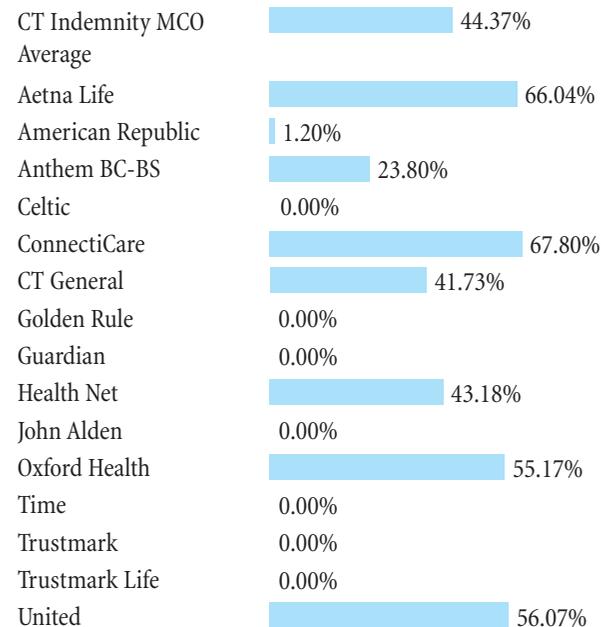
The percentage of members who: (a) were age 18 through 85 years as of December 31, 2009; and (b) were diagnosed with hypertension (HTN); and (c) whose blood pressure was adequately controlled (<140/90) during 2009.



## Quality Measures

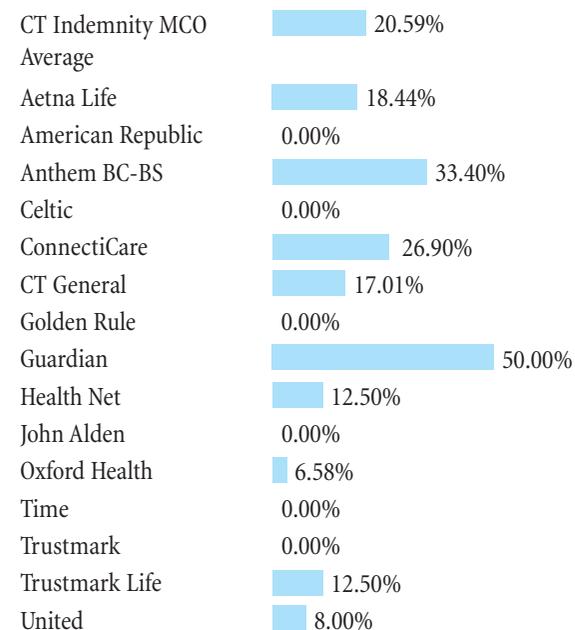
### Cholesterol Management for Patients with Cardiovascular Disease

The percentage of enrolled members age 18 through 75 years as of December 31, 2009 who: (a) were discharged alive for acute myocardial infarction, coronary artery bypass graft, or percutaneous transluminal coronary angioplasty between January 1 and November 1, 2008; or (b) who had a diagnosis of ischemic vascular disease during 2009 or 2008; and (c) who had a LDL-C screening and an LDL-C control (<100mg/dl) during 2009.



### Childhood Immunizations

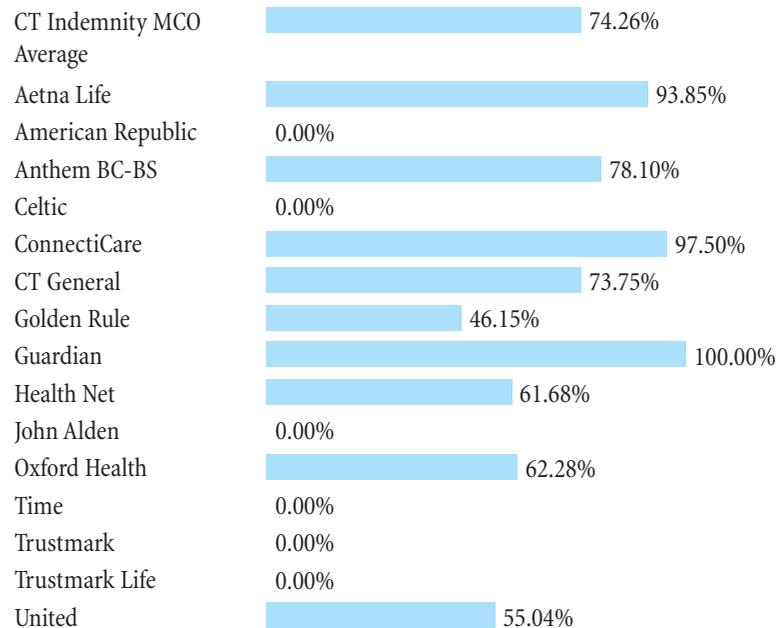
The percentage of enrolled children who: (a) turned two years old during 2009; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received recommended immunizations. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox and pneumococcal, hepatitis a and rotavirus are included in this measure.



## Quality Measures

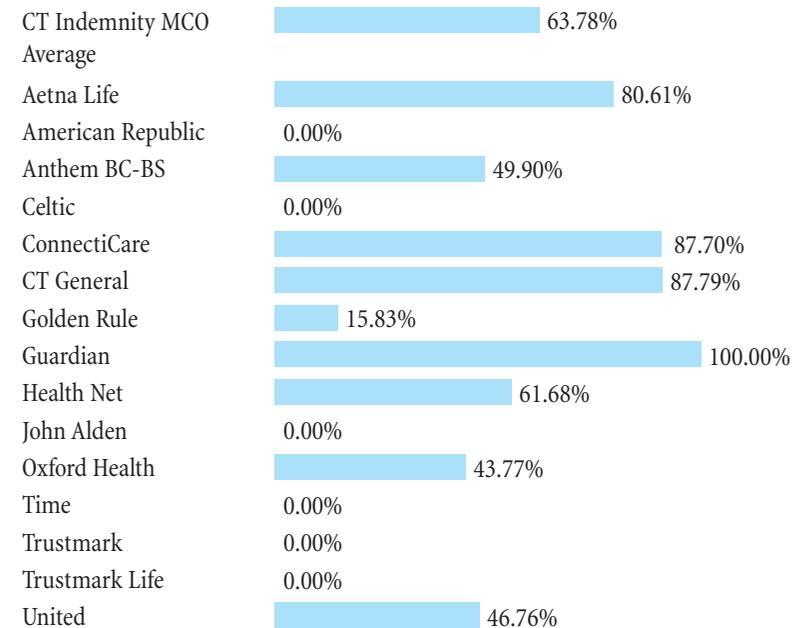
### Prenatal Care in the First Trimester

The percentage of enrolled women who: (a) delivered a live birth between November 6, 2008 and November 5, 2009; 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

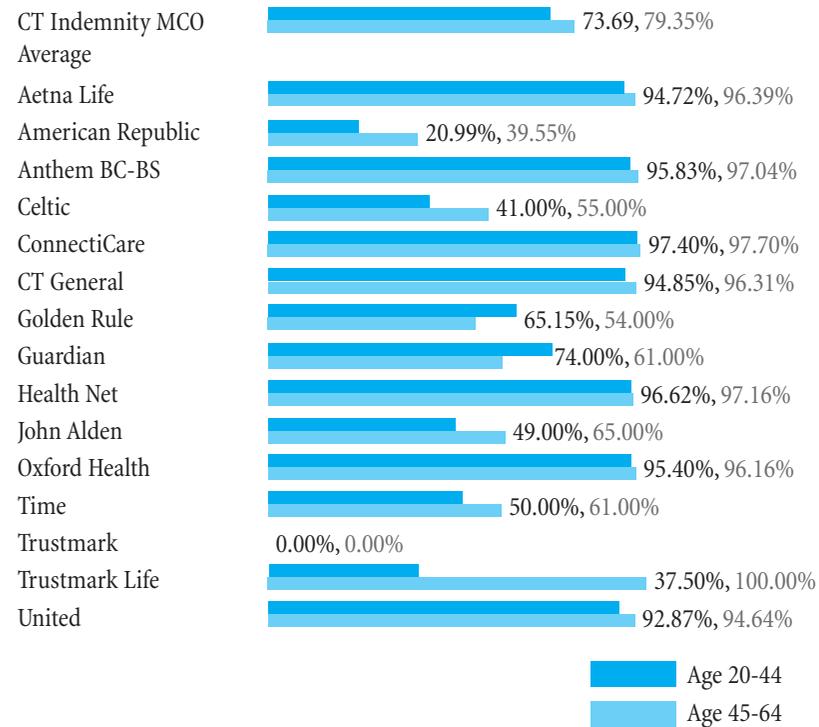
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2008 and November 5, 2009; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and had a postpartum visit on or between 21 days and 56 days after delivery.



## Quality Measures

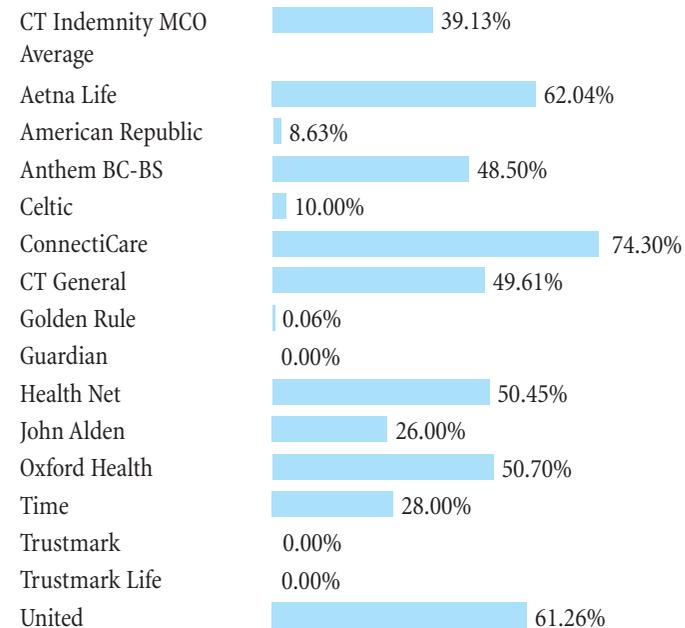
### Adult Access to Care

The percentage of enrollees ages 20-44 and 45-64 as of December 31, 2009 who: (a) were continuously enrolled in the plan during 2007, 2008 and 2009; and (b) have had at least one ambulatory or preventive care visit with a health plan provider during 2007, 2008 or 2009.



### Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who: (a) were enrolled on December 31, 2009; and (b) turned 18 through 75 years of age during 2009; and (c) were continuously enrolled during 2009; and (d) had an eye examination in 2008 or 2009.



## Quality Measures

### Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 35 years and older as of December 31, 2009; and (b) were hospitalized and discharged alive between January 1, 2009 and December 24, 2009; and (c) had a diagnosis of Acute Myocardial Infarction (AMI); and (d) received an ambulatory prescription for beta blockers upon discharge.

CT Indemnity MCO	64.90%
Average	
Aetna Life	52.78%
American Republic	0.00%
Anthem BC-BS	63.43%
Celtic	0.00%
ConnectiCare	75.00%
CT General	75.00%
Golden Rule	0.00%
Guardian	0.00%
Health Net	71.43%
John Alden	0.00%
Oxford Health	72.92%
Time	0.00%
Trustmark	0.00%
Trustmark Life	0.00%
United	43.71%

### Outpatient Drug Utilization for Managed Care Enrollees

	Total cost of prescriptions in 2009	Average cost per prescription	Average annual number of prescriptions per member per year
Aetna Life	\$132,545,499	\$76.99	11.03
American Republic	\$187,590	\$105.92	9.12
Anthem BC-BS	\$249,295,128	\$53.63	14.15
Celtic	\$265,312	\$93.98	4.86
ConnectiCare	\$27,065,031	\$68.01	13.83
CT General	\$96,642,571	\$74.25	11.41
Golden Rule	\$5,662,870	\$60.23	5.50
Guardian	\$1,029,405	\$109.09	10.00
Health Net	\$10,058,151	\$76.97	12.76
John Alden	\$620,920	\$180.40	4.98
Oxford Health	\$59,315,579	\$75.77	10.69
Time	\$940,232	\$83.20	3.38
Trustmark	\$11,930	\$145.49	16.39
Trustmark Life	\$0.00	\$0.00	0.00
United	\$187,860,200	\$67.41	12.30

## Health Maintenance Organizations Utilization Review Measures

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

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

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

HMO	Total Number of UR Request	Total Number of UR Denials	Percentage of UR Requests Denied	Total Number of UR Denials that were Appealed	Total Number of Denials that were Reversed on Appeal	Percentage of Denials that were Reversed on Appeal
Aetna Health	11,205	2,050	18.30%	153	73	47.71%
Anthem BC-BS	73,477	3,261	4.44%	682	497	72.87%
CIGNA	8,335	2,584	31.00%	16	12	75.00%
ConnectiCare	45,855	7,279	15.87%	532	259	48.68%
Health Net	80,127	20,549	25.65%	354	110	31.07%
Oxford	24,550	2,595	10.57%	195	82	42.05%

## Indemnity Managed Care Organizations Utilization Review Measures

Indemnity Managed Care Organization	Total Number of UR Requests	Total Number of UR Denials	Percentage of UR Requests Denied	Total Number of UR Denials that were Appealed	Total Number of Denials that were Reversed on Appeal	Percentage of Denials that were Reversed on Appeal
Aetna Life	24,557	2,914	11.87%	70	26	37.14%
American Republic	20	2	10.00%	1	1	0.00%
Anthem BC-BS	96,346	5,252	5.45%	971	697	71.78%
Celtic	43	5	11.63%	1	0	0.00%
ConnectiCare	9,137	1,069	11.70%	82	41	50.00%
CT General	26,813	7,740	28.87%	80	47	58.75%
Golden Rule	227	2	0.88%	0	0	0.00%
Guardian	131	7	5.34%	0	0	0.00%
Health Net	11,541	3,436	29.77%	93	28	30.11%
John Alden	37	4	10.81%	0	0	0.00%
Oxford Health	44,766	4,737	10.58%	435	201	46.21%
Time	108	13	12.04%	2	0	0.00%
Trustmark	0	0	0.00%	0	0	0.00%
Trustmark Life	64	2	0.00%	0	0	0.00%
United	6,517	273	4.19%	62	15	24.19%

## Health Maintenance Organizations

### Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2009.	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
1) Number of UR requests received						
a) Inpatient Admissions	54	1,185	33	1,184	568	193
b) Outpatient Services	314	10,024	10	13,292	805	107
c) Procedures	0	0	0	0	10	5
d) Extensions of Stay	0	1,897	108	547	571	193
2) Number of Total Denials						
a) Inpatient Admissions	0	123	2	7	5	6
b) Outpatient Services	12	155	0	63	19	2
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	138	3	95	7	6
3) Number of Partial Denials						
a) Inpatient Admissions	21	0	0	1	0	8
b) Outpatient Services	0	318	0	26	10	1
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	87	0	8
4) Number of Appeals of Denials						
a) Inpatient Admissions	15	131	0	1	0	2
b) Outpatient Services	1	70	0	21	0	0
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	0	1	41	2	2
5) Number of Denials Reversed on Appeal						
a) Inpatient Admissions	6	20	0	0	0	0
b) Outpatient Services	0	10	0	3	0	0
c) Procedures	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	11	0	0

## Health Maintenance Organizations

Mental Health Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	197	1,088	80	1,043	473	93
Report the total discharges / 1,000 member months* *for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	3.01	3.92	3.18	0.45	0.30	0.41
Report the average length of stay.	8.27	7.90	9.29	7.68	9.06	7.95

Mental Health Utilization - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Report the total number of members who received care						
A) Any Mental Health Service	5,361	31,657	1,623	13,958	12,249	1,665
B) Inpatient Mental Health Services	189	842	63	639	352	72
C) Intermediate Mental Health Services	140	523	51	351	284	30
D) Ambulatory Mental Health Services	5,317	31,043	1,609	13,776	12,137	1,653
Report the percentage of the above numbers who received the respective service.						
A) Inpatient Mental Health Services	0.31%	0.30%	0.25%	4.60%	0.26%	0.38%
B) Intermediate Mental Health Services	0.23%	0.19%	0.20%	2.50%	0.21%	0.16%
C) Ambulatory Mental Health Services	8.84%	11.19%	6.40%	98.70%	9.10%	8.77%

## Health Maintenance Organizations

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Report the total number of inpatient discharges with chemical dependency as the principal diagnosis, including detoxification, at either a hospital or a treatment facility.	82	568	52	512	330	68
Report the total discharges / 1,000 member months* *for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	1.25	2.05	2.06	0.24	0.21	0.30
Report the average length of stay.	4.63	5.20	5.88	5.20	5.11	4.10

Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Report the total number of members who received care						
a) Any Chemical Dependency Service	941	4,351	355	2,468	1,856	264
b) Inpatient Chemical Dependency Services	255	955	82	638	575	93
c) Intermediate Chemical Dependency Services	126	541	48	390	303	24
d) Ambulatory Chemical Dependency Services	869	3,642	307	2,140	1,509	209
Report the percentage of the above numbers who received the respective service.						
a) Inpatient Chemical Dependency Services	0.42%	0.34%	0.33%	25.90%	0.43%	0.49%
b) Intermediate Chemical Dependency Services	0.21%	0.20%	0.19%	15.80%	0.23%	0.13%
c) Ambulatory Chemical Dependency Services	1.45%	1.31%	1.22%	86.70%	1.13%	1.11%

## Health Maintenance Organizations

<b>Mental Health Utilization - Follow-up After Hospitalization for Mental Illness</b>	<b>Aetna Health</b>	<b>Anthem BC-BS</b>	<b>CIGNA</b>	<b>ConnectiCare</b>	<b>Health Net</b>	<b>Oxford</b>
The percentage of discharges from an inpatient setting of an acute care facility, including acute psychiatric facilities, with a discharge date on or before Dec 1, 2009 for members 6 yrs of age or older who were hospitalized for treatment of select mental health disorders.						
a) Who had an ambulatory or intermediate mental health visit on the date of discharge up to 30 days after the hospital discharge.	82.82%	87.04%	79.71%	81.70%	86.07%	80.95%
b) Who had an ambulatory or intermediate mental health visit on the date of discharge up to 7 days after the hospital discharge.	70.55%	70.80%	60.87%	77.40%	71.03%	63.49%
<b>Mental Health Utilization - Antidepressant Medication Management</b>	<b>Aetna Health</b>	<b>Anthem BC-BS</b>	<b>CIGNA</b>	<b>ConnectiCare</b>	<b>Health Net</b>	<b>Oxford</b>
The percentage of members 18 and older as of Apr. 30, 2009, who were continuously enrolled 120 days prior to the episode start date through 245 days after the start date, who were diagnosed with a new episode of depression between May 1, 2008 and Apr. 30, 2009, and treated with antidepressant medication, who had at least one of the following criteria during the intake period.						
* At least one principal diagnosis of major depression in an outpatient, ED, intensive outpatient or partial hospitalization; or						
* At least two visits in an outpatient, ED intensive outpatient or partial hospitalization setting on different dates of service with any diagnosis of major depression; or						
* At least one inpatient claim/encounter with any diagnosis of major depression.						
a) Who remained on antidepressant medication the entire 84 day period (12 week) acute treatment phase.	59.44%	60.40%	64.04%	83.80%	61.74%	57.81%
b) Who remained on antidepressant medication for at least 180 days (6 months).	47.22%	45.64%	40.45%	77.50%	44.30%	48.44%

## Health Maintenance Organizations

Claim Expenses -	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2009 through Dec. 31, 2009, for each of the following.						
Inpatient Mental Health	\$3.76	\$2.13	\$1.87	\$1.90	\$4.83	\$3.93
Inpatient Substance Abuse	\$0.79	\$0.34	\$0.64	\$0.51	\$0.87	\$0.52
Outpatient Mental Health	\$4.49	\$6.46	\$3.15	\$3.50	\$4.18	\$8.99
Outpatient Substance Abuse	\$0.73	\$0.52	\$0.52	\$0.88	\$0.12	\$0.66
<b>Total of the above overall</b>	<b>\$9.77</b>	<b>\$9.44</b>	<b>\$6.18</b>	<b>\$6.79</b>	<b>\$10.00</b>	<b>\$14.10</b>



## Indemnity Managed Care Companies

### Mental Health Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	342	2	1,763	0	167	390	101	0	32	2	237	3	0	0	1,538
Report the total discharges / 1,000 member mths* * for Medicaid. Commercial & Medicare use:	2.43	0.00	3.76	0.00	0.44	2.81	0.44	0.00	0.24	2.00	0.26	3.00	0.00	0.00	0.32
Report the average length of stay.	7.87	0.00	9.70	0.00	7.64	5.31	18.00	0.00	9.22	12.00	7.46	11.67	0.00	0.00	6.73

### Mental Health Utilization - Percentage by Level of Care

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
1) Report the total number of members who received															
a) Any Mental Health Service	17,377	13	51,494	0	2,500	10,562	1,419	0	952	48	6,732	140	0	0	36,496
b) Inpatient Mental Health Service	464	1	1,373	0	114	290	47	0	25	2	198	3	0	0	971
c) Intermediate Mental Health Services	333	0	869	0	79	206	0	0	21	0	92	0	0	0	623
d) Ambulatory Mental Health Services	17,299	13	50,433	0	2,477	10,510	1,400	0	948	41	6,712	127	0	0	36,395
2) Report the percentage of the above numbers who received the respective service															
a) Inpatient Mental Health Service	0.21%	0.33%	0.29%	0.00%	4.60%	0.21%	3.31%	0.00%	0.22%	0.39%	0.26%	0.13%	0.00%	0.00%	0.24%
b) Intermediate Mental Health Services	0.15%	0.00%	0.19%	0.00%	3.20%	0.15%	0.00%	0.00%	0.19%	0.00%	0.12%	0.00%	0.00%	0.00%	0.16%
c) Ambulatory Mental Health Services	7.87%	4.32%	10.77%	0.00%	99.10%	7.56%	98.61%	0.00%	8.36%	8.01%	8.92%	5.40%	0.00%	0.00%	9.08%

## Indemnity Managed Care Companies

### Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
Report the total number of inpatient discharges with chemical dependency as the principal diagnosis, including detoxification, at either a hospital or a treatment facility.	194	5	885	0	74	259	3	0	27	0	192	0	0	0	901
Report the total discharges / 1,000 member mths* * for Medicaid. Commercial & Medicare use: discharges / 1,000 members per year	1.38	0.01	1.89	0.00	0.04	1.86	0.01	0.00	0.20	0.00	0.21	0.00	0.00	0.00	0.19
Report the average length of stay.	5.01	58.20	5.50	0.00	4.78	5.05	4.00	0.00	5.07	0.00	5.45	0.00	0.00	0.00	4.92

### Alcohol & Other Drug Services - Percentage by Level of Care

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
1) Report the total number of members who received care															
a) Any Chemical Dependency Service	2,410	5	6,831	0	340	1,403	156	0	119	4	926	4	0	0	4,540
b) Inpatient Chemical Dependency Service	585	3	1,601	0	96	345	12	0	44	0	295	0	0	0	1,190
c) Intermediate Chemical Dependency Services	380	0	853	0	58	204	0	0	19	0	106	0	0	0	482
d) Ambulatory Chemical Dependency Services	2,259	3	5,553	0	287	1,223	147	0	90	1	762	0	0	0	3,979
2) Report the percentage of the above numbers who received the respective service															
a) Inpatient Chemical Dependency Service	0.27%	1.00%	0.34%	0.00%	28.20%	0.25%	7.69%	0.00%	0.39%	0.00%	0.39%	0.00%	0.00%	0.00%	0.30%
b) Intermediate Chemical Dependency Services	0.17%	0.00%	0.18%	0.00%	17.10%	0.15%	0.00%	0.00%	0.17%	0.00%	0.14%	0.00%	0.00%	0.00%	0.12%
c) Ambulatory Chemical Dependency Services	1.03%	1.00%	1.19%	0.00%	84.40%	0.88%	94.23%	0.00%	0.79%	0.20%	1.01%	0.00%	0.00%	0.00%	0.99%

## Indemnity Managed Care Companies

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

The percentage of discharges from an inpatient setting of an acute care facility, including acute psychiatric facilities, with a discharge date on or before Dec 1, 2009 for members 6 yrs of age or older who were hospitalized for treatment of select mental health disorders. a) who had an ambulatory or intermediate mental health visit on the date of discharge up to 30 days after the hospital discharge.	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
	81.18%	0.00%	87.79%	0.00%	77.00%	82.93%	53.97%	0.00%	92.59%	2.15%	77.90%	1.45%	0.00%	0.00%	86.69%
b) who had an ambulatory or intermediate mental health visit on the date of discharge up to 7 days after the hospital discharge.	66.44%	0.00%	70.19%	0.00%	63.70%	59.45%	42.86%	0.00%	77.78%	1.37%	61.33%	0.89%	0.00%	0.00%	69.75%

### Mental Health Utilization - Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2009, who were continuously enrolled 120 days prior to the episode start date through 245 days after the start date, who were diagnosed with a new episode of depression between May 1, 2008 and Apr. 30, 2009, and treated with antidepressant medication, who had at least one of the following criteria during the intake period. * At least one principal diagnosis of major depression in an outpatient, ED, intensive outpatient or partial hospitalization; or * At least two visits in an outpatient, ED intensive outpatient or partial hospitalization setting on different dates of service with any diagnosis of major depression; or * At least one inpatient claim/encounter with any diagnosis of major depression. a) Who remained on antidepressant medication the entire 84 day period (12 week) acute treatment phase. b) Who remained on antidepressant medication for at least 180 days (6 months).	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
	65.44%	52.90%	63.02%	0.00%	79.70%	72.13%	0.00%	0.00%	68.75%	0.00%	63.47%	0.09%	0.00%	0.00%	62.47%
	50.31%	35.30%	47.49%	0.00%	75.00%	51.57%	0.00%	0.00%	50.00%	0.00%	52.05%	0.09%	0.00%	0.00%	47.36%

## Claim Expenses -

	Aetna Life	American Republic	Anthem BC-BS	Celtic	ConnectiCare	CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2009 through Dec. 31, 2009, for each of the following.															
Inpatient Mental Health	\$1.05	\$0.00	\$2.10	\$5.89	\$3.01	\$4.56	\$3.89	\$0.00	\$2.47	\$1.62	\$1.61	\$0.38	\$0.00	\$0.00	\$0.81
Inpatient Substance Abuse	\$0.28	\$1.78	\$2.92	\$0.00	\$0.40	\$1.11	\$0.26	\$1.76	\$1.07	\$0.00	\$0.49	\$1.06	\$0.00	\$0.00	\$0.29
Outpatient Mental Health	\$2.73	\$0.97	\$4.85	\$3.81	\$4.04	\$4.76	\$3.88	\$1.48	\$3.54	\$3.91	\$4.30	\$4.95	\$0.00	\$0.00	\$4.51
Outpatient Substance Abuse	\$0.30	\$2.59	\$0.54	\$0.00	\$0.57	\$0.68	\$0.37	\$0.03	\$0.10	\$0.13	\$0.47	\$0.17	\$0.00	\$0.00	\$0.49
<b>Total of the above overall</b>	\$4.36	\$5.34	\$10.41	\$9.70	\$8.02	\$11.11	\$8.40	\$3.27	\$7.18	\$5.66	\$6.87	\$6.56	\$0.00	\$0.00	\$6.10

## Member Satisfaction Survey – Health Maintenance Organizations

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
Percentage of Managed Care members surveyed.	3.00%	0.49%	9.59%	0.73%	1.10%	8.70%
The percentage of those surveyed who responded.	29.30%	29.18%	20.32%	35.66%	34.14%	29.21%
<b>Q. In the last 12 months, how often was it easy to get appointments with specialists?</b>						
Never	1.40%	0.40%	4.60%	2.00%	1.30%	2.73%
Sometimes	10.80%	13.30%	9.80%	12.00%	7.60%	13.64%
Usually	45.30%	32.90%	39.30%	35.00%	29.00%	35.00%
Always	42.60%	53.30%	46.20%	50.00%	62.20%	48.64%
<b>Q. In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought was needed?</b>						
Never	0.50%	0.70%	2.80%	2.00%	1.30%	0.31%
Sometimes	15.70%	9.60%	14.10%	12.00%	11.40%	15.94%
Usually	35.80%	32.30%	31.30%	35.00%	26.30%	29.06%
Always	48.00%	57.40%	51.80%	50.00%	61.00%	54.69%
<b>Q. In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you thought needed?</b>						
Never	0.00%	2.70%	1.70%	1.00%	1.40%	2.17%
Sometimes	9.10%	5.40%	12.70%	8.00%	7.80%	9.42%
Usually	27.30%	24.30%	28.00%	24.00%	20.60%	25.36%
Always	63.60%	67.60%	57.60%	66.00%	70.20%	63.04%
<b>Q. In the last 12 months, how often was it easy to get the care, tests or treatment, you thought you needed through your health plan?</b>						
Never	2.50%	1.30%	2.00%	2.00%	2.40%	0.81%
Sometimes	7.40%	2.90%	10.60%	9.00%	5.30%	11.34%
Usually	27.20%	28.50%	32.70%	31.00%	24.30%	31.58%
Always	63.00%	67.40%	54.80%	58.00%	68.00%	56.28%
<b>Q. In the last 12 months, how often did the written materials or Internet provide the information you needed about how your health plan?</b>						
Never	11.10%	1.40%	6.40%	9.00%	13.00%	8.75%
Sometimes	33.30%	27.40%	30.80%	36.00%	29.90%	40.00%
Usually	36.10%	53.40%	46.20%	33.00%	35.10%	37.50%
Always	19.40%	17.80%	16.70%	22.00%	22.10%	13.75%

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

HMO	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Health Net	Oxford
<b>Q. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?</b>						
Never	4.50%	3.60%	5.40%	4.00%	11.70%	6.45%
Sometimes	19.30%	21.40%	30.40%	13.00%	14.90%	15.05%
Usually	34.10%	28.60%	26.10%	42.00%	24.50%	29.03%
Always	42.00%	46.40%	38.00%	40.00%	48.90%	49.46%
<b>Q. In the last 12 months, how often were you satisfied with your prescription drug coverage?</b>						
Never	6.50%	6.00%	4.50%	7.00%	4.50%	5.88%
Sometimes	16.70%	11.00%	20.60%	27.00%	16.40%	12.57%
Usually	24.60%	29.00%	46.40%	40.00%	26.10%	45.19%
Always	52.20%	54.00%	28.50%	27.00%	53.00%	36.36%
<b>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?</b>						
Copayments too high / percentage paid too low	46.20%	25.00%	67.10%	57.00%	47.00%	58.60%
Deductable too high	0.00%	13.00%	7.50%	13.00%	9.80%	4.84%
Maximum benefit too low	0.00%	11.00%	3.70%	2.00%	3.80%	3.76%
Cost of the benefit coverage too high	7.70%	18.00%	8.70%	6.00%	6.10%	11.83%
Managed care guidelines too restrictive (i.e. prior authorization)	15.40%	6.00%	13.00%	11.00%	6.10%	20.97%
Drug not included on the formulary	30.70%	11.00%	0.00%	12.00%	13.60%	0.00%
<b>Q. Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?</b>						
(worst possible) 0	0.00%	0.00%	0.00%	1.00%	1.50%	0.52%
1	0.80%	0.60%	0.70%	0.00%	0.30%	0.00%
2	1.20%	0.30%	0.30%	1.00%	0.30%	1.84%
3	0.80%	0.60%	2.30%	2.00%	2.70%	1.57%
4	3.30%	1.60%	3.00%	3.00%	2.10%	2.36%
5	12.30%	5.80%	11.00%	9.00%	5.10%	8.14%
6	9.00%	3.80%	10.30%	8.00%	3.90%	10.76%
7	13.90%	12.80%	17.20%	18.00%	11.90%	15.22%
8	23.00%	27.20%	22.80%	28.00%	22.40%	27.56%
9	21.10%	23.00%	21.20%	15.00%	20.00%	17.36%
(best possible) 10	13.50%	24.30%	11.30%	14.00%	29.90%	14.70%

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

## Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Amer. Republic	Anthem BC-BS	Celtic	ConnectiCare
Percentage of Managed Care members surveyed.	0.70%	73.00%	0.35%	23.50%	1.23%
The percentage of those surveyed who responded.	31.40%	14.00%	30.82%	23.80%	44.32%
<b>Q. In the last 12 months, how often was it easy to get appointments with specialists?</b>					
Never	1.40%	22.00%	0.90%	39.50%	1.00%
Sometimes	17.30%	0.00%	9.50%	13.20%	11.00%
Usually	39.90%	22.00%	32.20%	13.20%	41.00%
Always	41.30%	56.00%	57.30%	34.20%	46.00%
<b>Q. In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought was needed?</b>					
Never	1.10%	20.00%	2.40%	19.20%	1.00%
Sometimes	10.80%	0.00%	8.70%	6.40%	8.00%
Usually	34.40%	20.00%	32.60%	19.20%	28.00%
Always	53.80%	60.00%	56.30%	55.30%	63.00%
<b>Q. In the last 12 months, when you needed care right away for an <u>illness or injury</u>, how often did you get care as soon as you thought needed?</b>					
Never	1.70%	25.00%	3.40%	18.80%	0.00%
Sometimes	10.10%	0.00%	9.40%	4.20%	9.00%
Usually	18.50%	25.00%	19.50%	20.80%	33.00%
Always	69.70%	50.00%	67.80%	56.30%	58.00%
<b>Q. In the last 12 months, how often was it easy to get the care, tests or treatment, you thought you needed through your health plan?</b>					
Never	0.90%	20.00%	0.80%	21.70%	0.00%
Sometimes	11.10%	0.00%	4.70%	10.90%	6.00%
Usually	29.50%	30.00%	23.70%	19.60%	35.00%
Always	58.50%	50.00%	70.80%	47.80%	58.00%
<b>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?</b>					
Never	7.90%	38.00%	6.50%	47.60%	6.00%
Sometimes	31.60%	12.00%	32.30%	21.40%	26.00%
Usually	43.90%	25.00%	46.80%	9.50%	52.00%
Always	16.70%	25.00%	14.50%	21.40%	16.00%

CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
1.49%	3.30%	100.00%	5.70%	100.00%	1.70%	100.00%	100.00%	100.00%	1.34%
23.08%	32.06%	12.40%	33.83%	19.00%	27.08%	18.35%	0.00%	12.50%	40.30%
3.70%	4.70%	0.00%	1.80%	9.52%	0.50%	12.36%	0.00%	0.00%	1.40%
11.50%	7.00%	15.00%	13.20%	9.52%	10.50%	11.20%	0.00%	0.00%	8.10%
38.20%	41.50%	44.00%	30.00%	38.10%	40.00%	39.77%	0.00%	0.00%	29.70%
46.70%	46.80%	41.00%	55.10%	42.86%	49.00%	36.68%	0.00%	100.00%	60.80%
2.90%	2.80%	0.00%	0.30%	4.76%	0.35%	8.14%	0.00%	0.00%	1.30%
10.30%	7.80%	10.00%	9.20%	4.76%	13.33%	9.83%	0.00%	0.00%	6.30%
30.60%	38.50%	56.00%	30.50%	47.62%	35.79%	33.22%	0.00%	0.00%	28.00%
56.20%	50.80%	34.00%	60.00%	42.86%	50.53%	48.81%	0.00%	100.00%	64.40%
0.70%	3.60%	0.00%	1.30%	4.76%	0.79%	6.69%	0.00%	0.00%	1.20%
9.60%	7.80%	5.00%	9.90%	9.52%	8.66%	10.41%	0.00%	0.00%	4.80%
26.10%	23.50%	29.00%	17.80%	33.33%	23.62%	34.57%	0.00%	0.00%	22.80%
63.60%	65.10%	64.00%	71.10%	52.38%	66.93%	48.33%	0.00%	100.00%	71.20%
1.50%	4.70%	0.00%	1.60%	0.00%	0.95%	10.49%	0.00%	0.00%	1.00%
8.70%	12.90%	2.00%	10.00%	28.57%	14.76%	16.08%	0.00%	0.00%	6.20%
35.60%	34.50%	46.00%	33.20%	23.81%	26.67%	27.97%	0.00%	100.00%	25.60%
54.20%	48.00%	49.00%	55.20%	47.62%	57.62%	45.46%	0.00%	0.00%	67.20%
5.30%	17.10%	10.00%	5.50%	27.78%	8.99%	26.14%	0.00%	0.00%	13.70%
31.90%	32.20%	32.00%	34.10%	16.67%	42.70%	25.00%	0.00%	0.00%	18.90%
44.90%	28.10%	32.00%	48.40%	27.78%	38.20%	25.76%	0.00%	100.00%	35.40%
17.90%	22.60%	22.00%	12.10%	27.78%	10.11%	23.11%	0.00%	0.00%	32.00%

## Member Satisfaction Survey – Indemnity Managed Care Organizations

Carrier	Aetna Life	Amer. Republic	Anthem BC-BS	Celtic	ConnectiCare
<b>Q. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?</b>					
Never	3.70%	25.00%	5.80%	33.30%	3.00%
Sometimes	20.60%	12.00%	20.20%	15.60%	24.00%
Usually	22.40%	38.00%	20.20%	17.80%	26.00%
Always	53.30%	25.00%	53.80%	33.30%	47.00%
<b>Q. In the last 12 months, how often were you satisfied with your prescription drug coverage?</b>					
Never	2.90%	30.00%	6.00%	21.10%	4.00%
Sometimes	20.40%	0.00%	11.00%	39.50%	19.00%
Usually	24.40%	40.00%	29.00%	21.10%	47.00%
Always	48.40%	30.00%	54.00%	18.40%	29.00%
<b>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?</b>					
Copayments too high / percentage paid too low	25.00%	17.00%	30.00%	43.30%	56.00%
Deductible too high	25.00%	0.00%	15.00%	26.70%	13.00%
Maximum benefit too low	0.00%	0.00%	13.00%	3.30%	3.00%
Cost of the benefit coverage too high	0.00%	66.00%	22.00%	3.30%	5.00%
Managed care guidelines too restrictive (i.e. prior authorization)	0.00%	0.00%	7.00%	13.30%	7.00%
Drug not included on the formulary	50.00%	17.00%	13.00%	10.00%	16.00%
<b>Q. Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible. How would you rate your health plan now?</b>					
(worst possible) 0	1.50%	0.00%	0.60%	6.70%	0.00%
1	0.90%	11.00%	0.60%	0.00%	0.00%
2	0.60%	0.00%	0.60%	6.70%	2.00%
3	2.20%	11.00%	0.60%	4.40%	1.00%
4	2.80%	0.00%	2.10%	2.20%	3.00%
5	6.50%	22.00%	6.90%	26.70%	8.00%
6	11.70%	11.00%	5.10%	8.90%	8.00%
7	15.10%	11.00%	9.40%	15.60%	12.00%
8	28.40%	23.00%	22.10%	17.80%	24.00%
9	20.70%	0.00%	22.40%	8.90%	28.00%
(best possible) 10	9.60%	11.00%	29.60%	2.20%	15.00%

CT General	Golden Rule	Guardian	Health Net	John Alden	Oxford Health	Time	Trustmark	Trustmark Life	United
2.90%	14.00%	5.00%	7.90%	10.00%	4.81%	12.55%	0.00%	0.00%	8.20%
27.00%	18.90%	27.00%	21.30%	30.00%	19.23%	13.98%	0.00%	0.00%	19.70%
28.20%	32.20%	20.00%	30.70%	20.00%	35.58%	32.98%	0.00%	0.00%	26.00%
41.90%	35.00%	46.00%	40.20%	40.00%	40.38%	40.50%	0.00%	100.00%	46.10%
4.10%	26.80%	0.00%	8.20%	10.00%	7.32%	23.37%	0.00%	0.00%	4.10%
21.30%	14.60%	0.00%	22.40%	5.00%	23.89%	20.69%	0.00%	0.00%	14.80%
45.40%	28.00%	0.00%	34.10%	35.00%	48.09%	24.52%	0.00%	0.00%	35.80%
29.30%	30.50%	0.00%	35.30%	50.00%	20.70%	31.42%	0.00%	100.00%	45.30%
65.20%	18.80%	0.00%	47.60%	50.00%	52.63%	27.88%	0.00%	0.00%	53.80%
11.10%	29.80%	0.00%	13.40%	16.67%	17.37%	26.67%	0.00%	0.00%	13.30%
3.00%	8.40%	0.00%	6.40%	0.00%	3.16%	4.85%	0.00%	0.00%	2.50%
7.30%	28.30%	0.00%	2.70%	33.33%	10.00%	21.21%	0.00%	0.00%	5.80%
13.30%	5.80%	0.00%	5.90%	0.00%	16.84%	4.24%	0.00%	0.00%	7.90%
0.00%	8.90%	0.00%	8.00%	0.00%	0.00%	15.15%	0.00%	0.00%	16.70%
0.30%	4.80%	0.00%	2.40%	4.76%	0.00%	3.62%	0.00%	0.00%	1.00%
0.40%	6.90%	0.00%	0.90%	0.00%	0.93%	4.93%	0.00%	0.00%	1.50%
0.90%	5.80%	0.00%	1.80%	9.52%	3.70%	6.58%	0.00%	0.00%	2.70%
2.70%	4.80%	2.00%	1.50%	14.29%	3.09%	8.88%	0.00%	0.00%	2.60%
2.70%	5.80%	0.00%	2.10%	4.76%	4.63%	5.59%	0.00%	0.00%	2.70%
10.70%	17.50%	2.00%	11.50%	4.76%	12.04%	14.80%	0.00%	0.00%	9.30%
10.10%	6.90%	10.00%	8.80%	14.29%	10.80%	9.54%	0.00%	0.00%	8.40%
18.40%	10.60%	5.00%	14.50%	4.76%	13.27%	15.46%	0.00%	0.00%	11.70%
23.60%	14.30%	34.00%	20.90%	19.05%	29.63%	12.50%	0.00%	100.00%	22.80%
18.40%	10.10%	37.00%	21.80%	9.52%	13.58%	10.86%	0.00%	0.00%	15.90%
11.80%	12.70%	10.00%	13.60%	14.29%	8.33%	7.24%	0.00%	0.00%	21.40%

## 2009 Medical Loss Ratio By Carrier

Carrier Name	Type of Managed Care Plan	2009 Loss Ratio
Aetna Health, Inc. of CT	HMO	87.50%
Anthem Blue Cross & Blue Shield of CT, Inc.	HMO	87.90%
CIGNA HealthCare of CT., Inc.	HMO	93.00%
ConnectiCare, Inc.	HMO	89.40%
Health Net of Connecticut, Inc.	HMO	86.20%
Oxford Health Plans (CT), Inc.	HMO	88.83%
Aetna Life Insurance Company	Indemnity	82.75%
American Republic Insurance Company	Indemnity	57.09%
Anthem Blue Cross & Blue Shield of CT, Inc.	Indemnity	87.50%
Celtic Insurance Company	Indemnity	55.00%
ConnectiCare Insurance Company Inc.	Indemnity	97.10%
Connecticut General Life Insurance Company	Indemnity	81.20%
Golden Rule Insurance Company	Indemnity	70.40%
Guardian Life Insurance Company of America	Indemnity	64.46%
Health Net Life Insurance Company	Indemnity	88.60%
John Alden Life Insurance Company	Indemnity	93.53%
Oxford Health Insurance, Inc.	Indemnity	85.80%
Time Insurance Company	Indemnity	83.00%
Trustmark Insurance Company	Indemnity	127.30%
Trustmark Life Insurance Company	Indemnity	117.44%
UnitedHealthCare Insurance Company	Indemnity	82.74%

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## Glossary

**Adverse determination:** A *UR* decision made by your insurer or one of its subcontractors to deny payment for a healthcare service based on the information provided because it does not meet the company's requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness.

**Board certified physician:** A physician who has passed an examination given by a medical board for a particular specialty.

**Capitation:** A *provider* payment method in which a *MCO* pays a fixed amount per month for each enrollee regardless of the number of services performed.

**Case management:** A process whereby enrollees with specific health needs are identified by the *MCO* and a plan of treatment is set up and monitored to achieve optimum patient outcome in a cost effective manner.

**Center for Medicare & Medicaid Services (CMS):** The federal agency responsible for administering the Medicare program, including Medicare risk contracts with *HMOs*, and overseeing each state's administration of the Medicaid program.

**Coinsurance:** A fixed percentage of the eligible medical expenses the enrollee is required to pay, in excess of any *deductible*.

**Copayment:** A flat fee that an enrollee is required to pay each time a specified service is rendered, in excess of any *deductible*.

**Credentialing:** A process of review to include and maintain a *provider* as a *participating provider* in the *MCO's* network.

**Deductible:** The portion of eligible medical expenses in a calendar or contract year that an enrollee must pay before any benefits are paid.

**Drug formulary:** A listing of prescription drugs that are preferred for use by the *MCO*. The physician is encouraged to prescribe formulary drugs unless there is a valid medical reason to use a nonformulary drug. There may be higher cost sharing for nonformulary drugs.

**Emergency medical treatment:** Treatment for a condition a prudent layperson reasonably believes requires immediate medical attention. Coverage is determined based on either the presenting symptoms or the final diagnosis, whichever reasonably indicates an emergency medical condition.

**Employee Retirement Income Security Act of 1974 (ERISA):** Federal law that sets regulatory standards for employer plans.

**Fee for service:** A *provider* payment method in which a *MCO* pays a fee for each service provided.

**Fully insured plan:** A plan that is backed by an insurance policy that provides benefits for a premium.

**Gatekeeper plan:** A plan that requires an enrollee to first seek treatment from a chosen *primary care physician* before seeing a specialist. The *primary care physician* must make referrals to specialists for the services to be covered under the plan.

**Health maintenance organization (HMO):** A company that provides, offers or arranges for coverage of health services needed by plan members for a fixed, prepaid premium. In Connecticut, such organizations are licensed as health care centers.

**Indemnity MCO:** A licensed non-HMO insurer that offers a managed care plan in Connecticut.

**Indemnity plan:** An insurance plan in which the enrollee is reimbursed at a specified level for covered expenses.

**Individual practice association (IPA):** An association of physicians that contracts with a *MCO* to provide health services.

**Managed care:** A system of health care delivery that attempts to manage the access, cost and quality of health care by monitoring how and in what manner services are provided.

**Managed care organization (MCO):** An insurer, health care center, hospital or other organization delivering a *managed care plan*.

**Managed care plan:** An insured health plan that uses *UR* and a network of *participating providers*.

**Mandated benefit:** Policy benefits that are required to be provided by statute.

**Medical loss ratio:** The ratio of incurred claims to earned premium, which represents the percent of the premium that is applied to medical expenses.

**NCQA accreditation:** National Committee on Quality Assurance is a not for profit organization that reviews quality and performance measures of *HMOs* and health plans thereby providing an external standard of accountability.

**Network plan:** A plan that requires an enrollee to seek care from a *provider* who is under contract with the *MCO* to receive the highest level of benefits. This would also include a plan that provides additional coverage for services by *providers* outside the network. The out of network option generally provides coverage at a lower level of benefits.

**Participating provider:** A provider who has a contract with the *MCO* to deliver medical services to enrollees for an agreed upon fee.

**Point of service plan (POS):** A network plan that allows an enrollee to seek treatment from a non-participating provider at a lower level of benefits.

**Preferred provider organization (PPO):** An independent network of *providers* that contracts with a *MCO* to provide health services. A PPO cannot market insured health insurance policies on its own unless it obtains a license as an insurer or health care center.

**Preferred provider organization plan:** A network plan that allows an enrollee to seek treatment from a non-participating provider at a lower level of benefits.

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**Primary care physician (PCP):** A physician chosen by an enrollee to provide primary care. The plan may require the PCP to make referrals to specialists for the services to be covered under the plan.

**Preauthorization:** The process whereby the *MCO* requires services or plans of treatment to be approved before given.

**Precertification:** The process whereby the *MCO* requires services or plans of treatment to be approved before given.

**Prior authorization:** The process whereby the *MCO* requires services or plans of treatment to be approved before given.

**Provider:** A physician, hospital, nursing home, pharmacy, lab or any individual or group that provides a health care service.

**Reasonable and customary fee:** The commonly charged or prevailing fees for health services in a specific geographic area. *Indemnity plans* generally provide coverage for services based on the reasonable and customary fees. In addition to any *deductible* or *coinsurance* amount, an enrollee would be responsible for paying the *provider* the difference between the billed charge and the reasonable and customary charge if the billed charge was higher.

**Referral:** The request to the *MCO* by a *primary care physician* for an enrollee to receive care from a specialist, a non-participating provider or facility.

**Self insured plan:** A group plan in which the employer takes on the risk of claims. The employer will generally contract with a third party, often an insurance company, to handle the administration of the plan. Such plans are not regulated by the Insurance Department, but are subject to federal *ERISA* guidelines.

**Utilization review (UR):** The prospective or concurrent assessment of the necessity and appropriateness of health care services and treatment plans. Requests for clarification of covered services under an insurance policy are not considered *UR*.

**Utilization review company (URC):** A company, organization or other entity licensed in Connecticut to perform *UR*. Agencies of the federal and state government are not considered *URC* under Connecticut General Statutes.

**Additional licensed companies that offer a managed care plan in Connecticut but were not included in this guide.  
The same information found in this guide, is available directly from the companies or at the offices of the Insurance Department.**

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

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

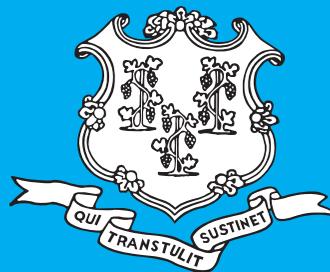
**Union Security Insurance Company**

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

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

## Where to Find Help Or Additional Information

AGENCY	TYPE OF COMPLAINT OR INQUIRY	ADDRESS	TELEPHONE NUMBER(S)	WEBSITE
Insurance Department Consumer Affairs Division	Insurance policies, companies, producers and external appeals	Mail Address: P.O. Box 816 Hartford, CT 06142-0816  Street Address: 153 Market Street Hartford, CT 06103	(800) 203-3447 (toll free) (860) 297-3900	<a href="http://www.ct.gov/cid">http://www.ct.gov/cid</a>
Office of the Healthcare Advocate	Managed care problems or questions	Mail Address: P.O. Box 1543 Hartford, CT 06144  Street Address: 153 Market Street Hartford, CT 06103	(866) HMO-4446 (toll free)	<a href="http://www.ct.gov/oha">http://www.ct.gov/oha</a>
Department of Public Health	Providers & Medical Facilities	410 Capitol Avenue Hartford, CT 06134	(800) 842-0038 (toll free)	<a href="http://www.ct.gov/dph">http://www.ct.gov/dph</a>
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	<a href="http://www.dol.gov">http://www.dol.gov</a>
National Committee for Quality Assurance (NCQA)	Quality Measures		(800) 839-6487 (toll free) (888) 275-7585 (toll free)	<a href="http://www.ncqa.org">http://www.ncqa.org</a>
Health Reinsurance Association of CT (HRA)	Guaranteed Individual health coverage for residents under 65 Low-income Small Employer Health Plans	100 Great Meadow Rd. Suite 700 Wethersfield, CT 06107	(800) 842-0004 (toll free)	<a href="http://www.hract.org">http://www.hract.org</a>
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)	<a href="http://www.ct.gov/dss">http://www.ct.gov/dss</a>
U.S Department of Health & Human Services	Information on Healthcare Reform & Insurance Options			<a href="http://www.healthcare.gov">http://www.healthcare.gov</a>



STATE OF CONNECTICUT  
INSURANCE DEPARTMENT

[www.ct.gov/cid](http://www.ct.gov/cid)  
1-800-203-3447