STATE OF CONNECTICUT

INSURANCE DEPARTMENT

2012 CONSUMER REPORT CARD SURVEY – PART 2
(To be filed on or before July 2, 2012)

Managed Care Organization: _____

Address: _____

_____

Contact Person: _____

Title: _____

Telephone: _____

E-Mail Address: _____

All information, except where otherwise specified, should be for the time period of January 1, 2011 through December 31, 2011.

The commercial member population only should be the basis for the listed performance measures. Medicaid and Medicare populations should not be considered in the calculation of these performance measures. A 95% confidence interval is required. If a 95% confidence interval is not possible, please provide an explanation in the space provided. Also, please provide the actual calculation in the space provided for each measure.

****All data must be reported in the format shown in this survey. ****

The percentage of primary care physicians in the provider network who are board certified. Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Pediatrics and General Pediatrics. OB/GYN physicians are <u>not</u> considered to be primary care physicians for this measure.	_____%

The percentage of physician specialists in the provider network who are board certified. For purposes of this measure, physician specialists are all network physicians *except* those practicing General Internal Medicine, General Practice, Family Pediatrics and General Pediatrics. OB/GYN physicians are to be included in this measure.	_____%

Breast Cancer Screening The percentage of enrolled women who: a. were age 40 through 69 years as of December 31, 2011; and b. were continuously enrolled during 2010 and 2011; and c. had a mammogram during 2010 or 2011.	_____%

Cervical Cancer Screening The percentage of enrolled women who: a. were age 21 through 64 years as of December 31, 2011;and b. were continuously enrolled during 2009, 2010, or 2011; and c. who received one or more Pap tests during 2009, 2010 or 2011.	_____%

Colorectal Cancer Screening The percentage of members 50-75 who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: a. Fecal occult blood test (FOBT) during 2011. b. Flexible sigmoidoscopy during the 2011 or the four years prior to 2011. c. Colonoscopy during 2011 or the nine years prior to 2011.	_____%

Controlling High Blood Pressure The percentage of members who: a. were age 18 through 85 years as of December 31, 2011; and b. were diagnosed with hypertension (HTN); and c. whose blood pressure was adequately controlled (<140/90) during 2011.	_____%

Cholesterol Management for Patients with Cardiovascular Conditions The percentage of enrolled members age 18 through 75 years as of December 31, 2011 who: a. were discharged alive for acute myocardial infarction, coronary artery bypass graft, or percutaneous coronary interventions between January 1 and November 1 of 2010; or b. who had a diagnosis of ischemic vascular disease during 2011 or 2010; and c. who had a LDL-C screening and an LDL-C control (<100 mg/dL) during 2011.	_____%

Childhood Immunizations The percentage of enrolled children who: a. turned two years during 2011; and b. were continuously enrolled for the 12 months preceding their second birthday; and c. have received the immunizations listed below. • Four DtaP/DT vaccinations* on or before the child's second birthday.** • Three polio (IPV)*, on or before the second birthday.** • One MMR vaccination, on or before the child's second birthday. • At least three H influenza type B (HiB) vaccinations*, on or before the child's second birthday.** • Three hepatitis B vaccinations*, on or before the child's second birthday. • At least one chicken pox vaccination (VZV), on or before the child's second birthday. • Four pneumococcal conjugate vaccinations*, on or before their second birthday*. • Two hepatitis A vaccinations*, on or before the child's second birthday. • Required number of rotavirus vaccinations* (2 or 3 doses depending on the vaccine) on or before the child's second birthday.** • Two influenza vaccinations*, on or before the child's second birthday. [Do not count a vaccination administered prior to 6 months (180 days) after birth] *** with different dates of service.** **** Do not count any vaccination administered prior to 42 days after birth.**	_____%

Beta Blocker Treatment After a Heart Attack The percentage of all members who: a. were age 35 years and older as of December 31, 2011; and b. were hospitalized and discharged alive between January 1, 2011 and December 24, 2011; and c. had a diagnosis of Acute Myocardial Infarction (AMI); and d. received an ambulatory prescription for beta-blockers upon discharge.	_____%

Prenatal Care in the First Trimester and Postpartum The percentage of enrolled women who: • delivered a live birth between November 6, 2010 and November 5, 2011; and • were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and a. had at least one prenatal care visit in the first trimester or within 42 days of enrollment in the Managed Care Organization b. had a postpartum visit on or between 21 and 56 days after delivery.	_____% _____%

Adult Access to Preventive/Ambulatory Health Services The percentage of enrollees age 20-44 as of December 31, 2011 who: a. were continuously enrolled in the plan during 2009, 2010 and 2011; and b. had at least one ambulatory or preventive care visit in 2009, 2010 or 2011. The percentage of enrollees age 45–64 as of December 31, 2011 who: a. were continuously enrolled in the plan during 2009, 2010 and 2011; and b. had at least one ambulatory or preventive care visit in 2009, 2010 or 2011.	_____% _____%

Outpatient Drug Utilization for Managed Care Enrollees: 1. Total cost of prescriptions in 2011: (Total cost of prescriptions = the MCO cost + the member cost) 2. Total number of prescriptions in 2011 3. Annual number of prescriptions per member per year (2011): (= **[**total number of prescriptions / member months **for members with a pharmacy benefit]** x 12 months) 4. Average cost per member per month: (average = total MCO cost + member cost / member months **for members with a pharmacy benefit**)	$_____ _____ _____ $_____

Eye Exams for People with Diabetes The percentage of all members with diabetes (type II and I) who: a. were enrolled on December 31, 2011; and b. were 18 through 75 years of age during 2011; and c. were continuously enrolled during 2011; d. who had an eye examination (retinal) in 2010 or 2011.	_____%

Comprehensive Diabetes Care	
The percentage of members who: a. were enrolled on December 31, 2011; and b. were 18 through 75 years of age during 2011; and c. were continuously enrolled during 2011; and d. were treated for diabetes (type II and I)	
1. Had Hemoglobin A1c (HbA1c) tested during 2011.	_____%
2. Had HbA1c during 2011 and a. the most recent test is poorly controlled (>9.0%) b. the most recent test is controlled (<8.0%)	 _____% _____%
3. Lipid profile (LDL-C) performed in 2011.	_____%
4. Lipids controlled, with the most recent LDL-C level done during 2011 is <100 mg/dL	_____%
5. Kidney disease (nephropathy) monitored. The member was screened for nephropathy during 2011 or had evidence of medical attention in 2011 for nephropathy that is already diagnosed.	_____%
6. Had a blood pressure level as documented through medical record review. a. <140/80 mm Hg b. <140/90 mm Hg	 _____% _____%

Member Satisfaction	
1. Total number of Managed Care Plan enrollees covered under contracts issued in Connecticut. (should equal line (A) of MC Enrollment reported in Part 1 "fully insured, CT Issued")	_____
2. Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.	_____%
3. Survey response rate. (percentage of those surveyed who responded)	_____%

QUESTION 1: In the last 12 months, how often was it easy to get appointments with specialists? Indicate the percentage of respondents to this question that selected EACH of the following response choices.	
Never	_____%
Sometimes	_____%
Usually	_____%
Always	_____%

QUESTION 2: 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? Indicate the percentage of respondents to this question that selected EACH of the following response choices.	
Never	_____%
Sometimes	_____%
Usually	_____%
Always	_____%

QUESTION 3: 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? Indicate the percentage of respondents to this question that selected EACH of the following response choices.	
Never	_____%
Sometimes	_____%
Usually	_____%
Always	_____%

QUESTION 4: In the last 12 months, how often was it easy to get care, tests or treatment, you thought you needed through your health plan? Indicate the percentage of respondents to this question that selected EACH of the following response choices.	
Never	_____%
Sometimes	_____%
Usually	_____%
Always	_____%

QUESTION 5: In the last 12 months, how often did the written materials or Internet provide the information you needed about how your health plan works? Indicate the percentage of respondents to this question that selected EACH of the following response choices. Never Sometimes Usually Always	 _____% _____% _____% _____%

QUESTION 6: In the last 12 months, how often did your health plan's customer service give you the information or help you needed? Indicate the percentage of respondents to this question that selected EACH of the following response choices. Never Sometimes Usually Always	 _____% _____% _____% _____%

QUESTION 7: In the last 12 months, how often were you satisfied with your prescription drug coverage? Indicate the percentage of respondents to this question that selected EACH of the following response choices. Never satisfied Sometimes satisfied Usually satisfied Always satisfied **Note: Individuals with, always satisfied, answer should skip to question 9. All other responses, please answer question 8 below.**	 _____% _____% _____% _____%

QUESTION 8: If you weren't satisfied with your prescription drug coverage as stated in question 7, which one of these items would most closely identify your greatest area of concern? Indicate the percentage of respondents to this question that selected EACH of the following response choices. A) Copayments too high / percentage paid too low B) Deductible too high C) Maximum benefit too low D) Cost of the benefit coverage too high E) Managed care guidelines too restrictive (i.e. prior authorization) F) Drug not included on the formulary	A)_____% B)_____% C)_____% D)_____% E)_____% F)_____%

QUESTION 9: 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 <u>now</u>? Indicate the percentage of respondents to this question that selected EACH of the following response choices. 0 (worst possible) 1 2 3 4 5 6 7 8 9 10 (best possible)	_____% _____% _____% _____% _____% _____% _____% _____% _____% _____% _____%

CERTIFICATION OF ACCURACY BY AN OFFICER OF THE MCO

I, _____, _____of
(Printed Name) (Title)
_____ _____, hereby certify that I
(Managed Care Organization)

have reviewed the information submitted in accordance with §38a-478c and §38a-478*l* of the Connecticut General Statues as amended, and that the information is true and accurate.

_____
(Signature of Officer)

_____
(date)

Mental Health Services Addendum

Pursuant to §38a-478*l* the Insurance Department is required to collect information or measures on behavioral health issues. These measures were developed in a manner consistent with the Natural Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS) measures.

Mental Health Utilization-Inpatient Discharges and Average Length of Stays	
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	
Report the total discharges/1, 000 member months.	_____
Report the average length of stay. (total days/total discharges)	_____
The total number of days associated with the reported discharges. Include days associated with residential care and rehabilitation. (exclude intermediate care and partial hospitalization)	_____

Mental Health Utilization-Percentage by Level of Care (Inpatient, Intermediate or Ambulatory)	
Report 1) the total number of members who received care, 2) of all enrollees with a mental health benefit, the percentage who received the respective service.	
1) Any Mental Health Service	_____
Inpatient Mental Health Services	_____
Intensive Outpatient or Partial Hospitalization Health Services	_____
Outpatient or Emergency Department Health Services	_____
2) Inpatient Mental Health Services	_____%
Intensive Outpatient or Partial Hospitalization Health Services	_____%
Outpatient or Emergency Department Health Services	_____%

Chemical Dependency Utilization-Inpatient Discharges and Average Length of Stays	
Report the total number of inpatient discharges with Chemical dependency as the principal diagnosis, including detoxification, at either a hospital or a treatment facility.	_____
Report the total discharges/1, 000 member months.	_____
Report the average length of stay. (total days/total discharges)	
The total number of days associated with the reported discharges. Include days associated with residential care and rehabilitation. (exclude intermediate care and partial hospitalization)	_____

Alcohol and Other Drug Services-Percentage by Level of Care (Inpatient, Intermediate or Ambulatory) Report 1) the total number of members who received care, 2) of all enrollees with an alcohol and other drug services benefit, the percentage who received the respective service. 1) Any Chemical Dependency Service Inpatient Chemical Dependency Services Intensive Outpatient or Partial Hospitalization Dependency Services Outpatient or Emergency Department Dependency Services 2) Inpatient Chemical Dependency Services Intensive Outpatient or Partial Hospitalization Dependency Services Outpatient or Emergency Department Dependency Services	 _____ _____ _____ _____ _____% _____% _____%

Follow-up After Hospitalization for Mental Illness The percentage of discharges from an inpatient setting of an acute care facility, including acute care psychiatric facilities, with a discharge date on or before December 1, 2011 for members 6 years of age and older who were hospitalized for treatment of select mental health disorders a. who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner on the date of discharge up to 30 days after hospital discharge 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 hospital discharge **For this measure only include the following diagnostic codes:** **ICD-9-CM Codes:** 295-299, 300.3, 300.4, 301, 308, 309, 311-314	 _____% _____%

Antidepressant Medication Management	
The percentage of members 18 years of age and older as of April 30, 2011, who were continuously enrolled 120 days prior to the episode start date through 245 days after the episode start date, who were diagnosed with a new episode of depression between May 1, 2010 and April 30, 2011, 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 setting; 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).	_____% _____%

Claim Expenses	
Provide the claim expenses on a per member per month basis for the period of January 1, 2011 through December 31, 2011, for each of the following.	
Inpatient Mental Health	_____
Inpatient Substance Abuse	_____
Outpatient Mental Health	_____
Outpatient Substance Abuse	_____
Total of the above overall	_____

Utilization Review Statistics	
How is Utilization review provided for behavioral health?	
a. Directly by the Managed Care Company	_____
b. Through a Carve-out Company *	_____
Please provide the name and UR license number of the Company	
Name: _____	
License #: _____	
* If managed through a carve-out company, has the utilization review company received accreditation from NCQA or a peer review organization?	Yes _____ No _____

Fully Insured Behavioral Health Statistics: **Provide the following on all mental & nervous conditions for calendar year 2011.**	**Inpatient Admissions**	**Outpatient Services**	**Procedures**	**Extensions Of Stays**
a. Number of UR Requests received	a. _____	a. _____	a. _____	a. _____
b. Number of Total Denials	b. _____	b. _____	b. _____	b. _____
c. Number of Partial Denials	c. _____	c. _____	c. _____	c. _____
d. Number of Appeals of Denials	d. _____	d. _____	d. _____	d. _____
e. Number of Denials Reversed on Appeal	e. _____	e. _____	e. _____	e. _____

Self Insured Behavioral Health Statistics: **Provide the following on all mental & nervous conditions for calendar year 2011.**	**Inpatient Admissions**	**Outpatient Services**	**Procedures**	**Extensions Of Stays**
a. Number of UR Requests received	a. _____	a. _____	a. _____	a. _____
b. Number of Total Denials	b. _____	b. _____	b. _____	b. _____
c. Number of Partial Denials	c. _____	c. _____	c. _____	c. _____
d. Number of Appeals of Denials	d. _____	d. _____	d. _____	d. _____
e. Number of Denials Reversed on Appeal	e. _____	e. _____	e. _____	e. _____

Pursuant to §38a-478c (a)(6), the Insurance Department is required to collect the following information on claim denial data.

Claim Denial Data for 2011

Provide the total number of claims received for
the period of January 1, 2011 through December 31, 2011. _____

Provide a breakdown of the above claims that were denied based on the reason for the denial and the number of times each reason was used, any denied claims that do not fall into these categories should be included in the "all other misc." category. **DO NOT** write in any additional categories as the reports will be returned for corrections.

Reason for denial:		**# of denied Claims**	**% of the total claims**	**# of internal appeals of denials**	**% of the total claims**	**# reversed on internal appeal**	**% of the total claims**
a)	"not a covered benefit"	_____	_____	_____	_____	_____	_____
b)	"not medically necessary"	_____	_____	_____	_____	_____	_____
c)	"not an eligible enrollee/dependent"	_____	_____	_____	_____	_____	_____
d)	"incomplete submission"	_____	_____	_____	_____	_____	_____
e)	"duplicate submission"	_____	_____	_____	_____	_____	_____
f)	"all other miscellaneous"	_____	_____	_____	_____	_____	_____
Totals: (should equal the sum of a through f above, for each column)		_____	_____	_____	_____	_____	_____

DO NOT ATTACH DATA. If multiple codes apply you must provide summarized data.