



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

2008 CONSUMER REPORT CARD SURVEY – PART 2

(To be filed on or before July 1, 2008)

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, 2007 through December 31, 2007.

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. ****

<p>The percentage of primary care physicians in the provider network who are board certified.</p> <p>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.</p>	<p>_____ %</p>
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<p>The percentage of physician specialists in the provider network who are board certified.</p> <p>For purposes of this measure, physician specialists are all network physicians <i>except</i> those practicing General Internal Medicine, General Practice, Family Pediatrics and General Pediatrics. OB/GYN physicians are to be included in this measure.</p>	<p>_____ %</p>
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<p>Breast Cancer Screening</p> <p>The percentage of enrolled women who:</p> <ol style="list-style-type: none"> were age 40 through 69 years as of December 31, 2007; and were continuously enrolled during 2006 and 2007; and had a mammogram during 2006 or 2007. 	<p>_____ %</p>
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<p>Cervical Cancer Screening</p> <p>The percentage of enrolled women who:</p> <ol style="list-style-type: none"> were age 21 through 64 years as of December 31, 2007; and were continuously enrolled during 2005, 2006, or 2007; and who received one or more Pap tests during 2005, 2006 or 2007. 	<p>_____ %</p>
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Childhood Immunizations

The percentage of enrolled children who:

- a. turned two years during 2007; 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 (or an initial DTaP vaccination followed by at least three DTaP, DT or individual diphtheria and tetanus shots, with at least one diphtheria and one tetanus falling on or between the first and second birthdays.*
- Three polio (OPV/IPV), with different dates of service, on or before the second birthday.
- One MMR on or between the first and second birthdays.
- Three H influenza type B (HiB) vaccinations with different dates of service by the child’s second birthday (with at least one of them falling on or between the first and second birthdays.)*
- Three hepatitis B vaccinations on or before the second birthday (with one of them falling on or between the sixth month and second birthday).
- At least one chicken pox vaccination (VZV) on or between the first and second birthdays.
- Four pneumococcal conjugate vaccinations with different dates of service on or before their second birthday.

*** DTaP/DT, OPV/IPV and HiB administered prior to 42 days after birth cannot be counted**

_____ %

<p>Prenatal Care in the First Trimester</p> <p>The percentage of enrolled women who:</p> <ul style="list-style-type: none"> a. delivered a live birth between November 6, 2006 and November 5, 2007; and b. were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and <p>1. had at least one prenatal care visit in the first trimester or within 42 days of enrollment in the Managed Care Organization</p> <p>The percentage of enrolled women who:</p> <ul style="list-style-type: none"> a. delivered a live birth between November 6, 2006 and November 5, 2007; and b. were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and <p>2. had a postpartum visit on or between 21 days and 56 days after delivery.</p>	<p>_____ %</p> <p>_____ %</p>
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<p>Beta Blocker Treatment After a Heart Attack</p> <p>The percentage of all members who:</p> <ul style="list-style-type: none"> a. were age 35 years and older as of December 31, 2007; and b. were hospitalized and discharged alive between January 1, 2007 and December 24, 2007; and c. had a diagnosis of Acute Myocardial Infarction (AMI); and d. received an ambulatory prescription for beta-blockers upon discharge. 	<p>_____ %</p>
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<p>Adult Access to Preventive/Ambulatory Health Services</p> <p>The percentage of enrollees age 20-44 as of December 31, 2007 who:</p> <ul style="list-style-type: none"> a. were continuously enrolled in the plan during 2005, 2006 and 2007; and b. had at least one ambulatory or preventive care visit with a health plan provider in 2005, 2006 or 2007. <p>The percentage of enrollees age 45-64 as of December 31, 2007 who:</p> <ul style="list-style-type: none"> a. were continuously enrolled in the plan during 2005, 2006 and 2007; and b. had at least one ambulatory or preventive care visit with a health plan provider in 2005, 2006 or 2007. 	<p>_____ %</p> <p>_____ %</p>
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Outpatient Drug Utilization for Managed Care Enrollees:	
1. Total cost of prescriptions in 2007: (Total cost of prescriptions = the MCO cost + the member cost)	\$ _____
2. Total number of prescriptions in 2007	_____
3. Annual number of prescriptions per member per year (2007): (= [total number of prescriptions / member months for members <i>with a pharmacy benefit</i>] x 12 months)	_____
4. Average cost per member per month: (average = total MCO cost + member cost / member months for members <i>with a pharmacy benefit</i>)	\$ _____

Eye Exams for People with Diabetes	
The percentage of all members with diabetes (type II and I) who:	_____
a. were enrolled on December 31, 2007; and	%
b. turned 18 through 75 years of age during 2007; and	
c. were continuously enrolled during 2007;	
d. who had an eye examination (retinal) in 2006 or 2007.	

Comprehensive Diabetes Care	
The percentage of members who:	
<ul style="list-style-type: none"> a. were enrolled on December 31, 2007; and b. turned 18 through 75 years of age during 2007; and c. were continuously enrolled during 2007; and d. were treated for diabetes (type II and I) 	
1. Had Hemoglobin A1c (HbA1c) tested during 2007.	_____ %
2. Had HbA1c during 2007 and	_____ %
a. the most recent test is poorly controlled (>9.0%)	_____ %
b. the most recent test is controlled (<7.0%)	_____ %
3. Lipid profile (LDL-C) performed in 2007.	_____ %
4. Lipids controlled, with the most recent LDL-C level done during 2007 is <100 mg/dL	_____ %
5. Kidney disease (nephropathy) monitored. The member was screened for nephropathy during 2007 or had evidence of medical attention in 2007 for nephropathy that is already diagnosed.	_____ %
6. Had a blood pressure level as documented through medical record review.	_____ %
a. <130/80 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)	_____ %

<p>QUESTION 1: In the last 12 months, how often was it easy to get appointments with specialists?</p> <p>Indicate the percentage of respondents to this question that selected EACH of the following response choices.</p> <p>Never _____ %</p> <p>Sometimes _____ %</p> <p>Usually _____ %</p> <p>Always _____ %</p>	
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<p>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?</p> <p>Indicate the percentage of respondents to this question that selected EACH of the following response choices.</p> <p>Never _____ %</p> <p>Sometimes _____ %</p> <p>Usually _____ %</p> <p>Always _____ %</p>	
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<p>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 wanted?</p> <p>Indicate the percentage of respondents to this question that selected EACH of the following response choices.</p> <p>Never _____ %</p> <p>Sometimes _____ %</p> <p>Usually _____ %</p> <p>Always _____ %</p>	
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<p>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?</p> <p>Indicate the percentage of respondents to this question that selected EACH of the following response choices.</p> <p style="margin-left: 40px;">Never _____ %</p> <p style="margin-left: 40px;">Sometimes _____ %</p> <p style="margin-left: 40px;">Usually _____ %</p> <p style="margin-left: 40px;">Always _____ %</p>	
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<p>QUESTION 5: In the last 12 months, how often did the written materials or Internet provide the information you needed about your health plan?</p> <p>Indicate the percentage of respondents to this question that selected EACH of the following response choices.</p> <p style="margin-left: 40px;">Never _____ %</p> <p style="margin-left: 40px;">Sometimes _____ %</p> <p style="margin-left: 40px;">Usually _____ %</p> <p style="margin-left: 40px;">Always _____ %</p>	
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<p>QUESTION 6: In the last 12 months, how often did your health plan's customer service give you the information or help you needed?</p> <p>Indicate the percentage of respondents to this question that selected EACH of the following response choices.</p> <p style="margin-left: 40px;">Never _____ %</p> <p style="margin-left: 40px;">Sometimes _____ %</p> <p style="margin-left: 40px;">Usually _____ %</p> <p style="margin-left: 40px;">Always _____ %</p>	
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QUESTION 7: 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?

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

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/ of the Connecticut General Statutes as amended, and that the information is true and accurate.

 (Signature)

 (Date)

Mental Health Services Addendum

Pursuant to PA06-188 the Insurance Department is required to collect information or measures on behavioral health issues. These measures are collected in a manner consistent with the Natural Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS) measures.

The following measures were taken from the HEDIS 2007 Technical Specifications, Volume 2. For complete definitions and calculation protocol please refer to HEDIS 2007 Technical Specifications, Volume 2.

<p>Mental Health Utilization-Inpatient Discharges and Average Length of Stays</p> <p>Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.</p> <p>Report the total discharges/1, 000 member months.</p> <p>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)</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Mental Health Utilization-Percentage by Level of Care (Inpatient, Intermediate or Ambulatory)</p> <p>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.</p> <p>1. Any Mental Health Service</p> <p style="padding-left: 20px;">Inpatient Mental Health Services</p> <p style="padding-left: 20px;">Intermediate Mental Health Services</p> <p style="padding-left: 20px;">Ambulatory Mental Health Services</p> <p>2. Inpatient Mental Health Services</p> <p style="padding-left: 20px;">Intermediate Mental Health Services</p> <p style="padding-left: 20px;">Ambulatory Mental Health Services</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ %</p> <p>_____ %</p> <p>_____ %</p>

<p>Chemical Dependency Utilization-Inpatient Discharges and Average Length of Stays</p> <p>Report the total number of inpatient discharges with Chemical dependency as the principal diagnosis, including detoxification, at either a hospital or a treatment facility.</p> <p>Report the total discharges/1, 000 member months.</p> <p>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)</p>	<p>_____</p> <p>_____</p> <p>_____</p>
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<p>Alcohol and Other Drug Services-Percentage by Level of Care (Inpatient, Intermediate or Ambulatory)</p> <p>Report 1) the total number of members who received care, 2) of all enrollees with a alcohol and other drug services benefit, the percentage who received the respective service.</p> <p>1) Any Chemical Dependency Service Inpatient Chemical Dependency Services Intermediate Chemical Dependency Services Ambulatory Chemical Dependency Services</p> <p>2) Inpatient Chemical Dependency Services Intermediate Chemical Dependency Services Ambulatory Chemical Dependency Services</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ %</p> <p>_____ %</p> <p>_____ %</p>
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<p>Follow-up After Hospitalization for Mental Illness</p> <p>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, 2007 for members 6 years of age and older who were hospitalized for treatment of select mental health disorders</p> <p>a. who had an ambulatory or intermediate mental health visit on the date of discharge up to 30 days after hospital discharge _____%</p> <p>b. who had an ambulatory or intermediate mental health visit on the date of discharge up to 7 days after hospital discharge _____%</p> <p>For this measure only include the following diagnostic codes: ICD-9-CM Codes: 205-299, 300.3, 300.4, 301, 308, 309, 311-314 DRGs: 426, 430</p>	
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<p>Antidepressant Medication Management</p> <p>The percentage of members 18 years of age and older as of April 30, 2007, 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, 2006 and April 30, 2007, and treated with antidepressant medication,</p> <p>Who had at least three follow-up office visits or intermediate treatment with a practitioner within 84 days (12 week) after the episode start date. _____%</p> <p>Who remained on antidepressant medication the entire 84-day period (12 week) acute treatment phase. _____%</p> <p>Who remained on antidepressant medication for at least 180 days (6 months) . _____%</p>	
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<p>Claim Expenses</p> <p>Provide the claim expenses on a per member per month basis for the period of January 1, 2007 through December 31, 2007, for each of the following.</p> <p>Inpatient Mental Health</p> <p>Inpatient Substance Abuse</p> <p>Outpatient Mental Health</p> <p>Outpatient Substance Abuse</p> <p>Total of the above overall</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>Utilization Review Statistics</p> <p>How is Utilization review provided for behavioral health?</p> <p>a. Directly by the Managed Care Company</p> <p>b. Through a Carve-out Company *</p> <p>Please provide the name and UR license number of the Company</p> <p>Name: _____</p> <p>License #: _____</p> <p>* If managed through a carve-out company, has the utilization review company received accreditation from NCQA or a peer review organization.</p>	<p>_____</p> <p>_____</p> <p>Yes _____</p> <p>No _____</p>
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Fully Insured Behavioral Health Statistics:	Inpatient Admissions	Outpatient Services	Procedures	Extensions Of Stays
Provide the following on all mental & nervous conditions for calendar year 2007.				
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:	Inpatient Admissions	Outpatient Services	Procedures	Extensions Of Stays
Provide the following on all mental & nervous conditions for calendar year 2007.				
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. _____