



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

2016 Consumer Report Card Survey – Part 1 (To be filed on or before May 2, 2016)

Managed Care Organization: _____

Address: _____

Contact Person: _____

Title: _____

Phone Number: (_____) _____

E-Mail Address: _____

All information, except where otherwise specified, should be for the time period of January 1, 2015 through December 31, 2015.

Total Connecticut direct written health premiums from managed care plans.	\$ _____
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Profit/Non-Profit Status:				
Model Type:	For Profit	{ }	Not For Profit	{ }
	Indemnity	{ }	HMO	{ }

Has the Managed Care Organization applied for NCQA Accreditation?			
No	{ }	Yes	{ }
If yes, please select one of the following:			
Excellent	{ }	Provisional Accreditation	{ }
Commendable	{ }	In Process	{ }
Accredited	{ }	Denied Accreditation	{ }
Interim Accreditation	{ }		

Does the Managed Care Organization market managed care plans to individuals?

Yes { }

No { }

If yes, do you offer : Directly { } Through an Association { }

Does the Managed Care Organization contract:

{ } directly with providers

{ } with individual networks

Please list the name(s) of the contracted network(s) and attach a copy of the provider network addendum for each network shown.

Do your contracts or procedures with providers or contracted network vendors allow the participating providers to collect a copay that is in excess of the negotiated allowable amount? _____

Please explain how you monitor this. _____

Service area by county (check all that apply):

Fairfield County

{ }

New Haven County

{ }

Hartford County

{ }

New London County

{ }

Litchfield County

{ }

Tolland County

{ }

Middlesex County

{ }

Windham County

{ }

Customer Service Information:

Phone Number(s) _____

Hours the phone number is staffed. (EST) _____

Days of the week the phone number is staffed _____

Medical Protocols:

Have the medical protocols for your company changed during the reporting period? _____

If yes, did the you obtain input from physicians actively practicing in Connecticut and practicing in the relevant specialty areas, who are not employees or consultants of the company, pursuant to C.G.S. §38a-478e. _____

Utilization Review Data:

Utilization review data must include utilization review performed by all companies which may be sub-contracted, including carve-out services under contract with the Managed Care Organization for its managed care enrollees.

- A. The total number of utilization review requests.
 - 1. Based on Medical Necessity _____
 - 2. Based on anything other than Medical Necessity _____

- B. The total number of adverse determinations (denials)* based on A.
 - 1. Based on Medical Necessity _____
 - 2. Based on anything other than Medical Necessity _____

- C. The total number of adverse determinations in B above regarding an admission, service, procedure, or an extension of stay that were appealed. (if multiple levels of appeals, count only once)
 - 1. Based on Medical Necessity _____
 - 2. Based on anything other than Medical Necessity _____

- D. The total number of adverse determinations in B above, regarding an admission, service, procedure, or an extension of stay that were appealed, and reversed on appeal.
 - 1. Based on Medical Necessity _____
 - 2. Based on anything other than Medical Necessity _____

- E. The total number of adverse determinations that were appealed (C above) that were upheld and went to external appeal.(through the Insurance Dept.)
 - 1. Based on Medical Necessity _____
 - 2. Based on anything other than Medical Necessity _____

- F. The total number of external appeals above in E that were reversed on appeal.
 - 1. Based on Medical Necessity _____
 - 2. Based on anything other than Medical Necessity _____

***Negotiated or partial certifications are to be included in this figure.**

The percentage of employers or groups that did not renew their contract during 2015. _____ %

Enrollment: **Ind. Plans** **SG Plans** **LG Plans**

For this report an Enrollee is defined as any insured, including the applicant and all dependents.

Number of enrollees in all fully-insured Managed care plans issued in Connecticut As of December 31, 2015. (Do not include enrollees of government-sponsored programs in this figure.) _____

Number of Connecticut enrollees, covered in self-insured managed care plans administered by the Carrier & government-sponsored programs (as of December 31, 2015) _____

Total Enrollment (add the two lines above) _____

Total Number of participating primary care physicians located in each Connecticut county as of December 31, 2015:

Important: If the Managed Care Organization utilizes multiple networks, the statistical information should be provided for the network with the lowest primary care physician (PCP) participation.

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

An individual physician may only be listed as a primary care physician or a physician specialist, and may not be listed as both a primary care physician and a physician specialist.

If an individual physician occupies more than one office, the physician may count as only one physician, in one county (not two or more).

If an individual physician occupies an office in two different counties, the physician shall only be listed in the county that has the largest number of enrollees.

Fairfield County _____	New Haven County _____
Hartford County _____	New London County _____
Litchfield County _____	Tolland County _____
Middlesex County _____	Windham County _____

Total number of participating physician specialists located in each Connecticut county as of December 31, 2015:

Important: If the Managed Care Organization utilizes multiple networks, the statistical information should be provided for the network with the lowest primary care physician (PCP) participation.

Physician specialists are defined to include all other physicians that are not considered to be primary care physicians in the definition used to tabulate primary care physicians.

An individual physician may only be listed as a primary care physician or a physician specialist, and may not be listed as both a primary care physician and a physician specialist.

If an individual physician occupies more than one office, the physician may count as only one physician, in one county (not two or more).

If an individual physician occupies an office in two different counties, the physician shall only be listed in the county that has the largest number of enrollees.

Fairfield County	_____	New Haven County	_____
Hartford County	_____	New London County	_____
Litchfield County	_____	Tolland County	_____
Middlesex County	_____	Windham County	_____

Total number of participating acute care hospitals located in each Connecticut county as of December 31, 2015: (currently 30 in Connecticut)

Important: If the Managed Care Organization utilizes multiple networks, the statistical information should be provided for the network with the lowest primary care physician (PCP) participation.

Fairfield County	_____	New Haven County	_____
Hartford County	_____	New London County	_____
Litchfield County	_____	Tolland County	_____
Middlesex County	_____	Windham County	_____

Total number of participating pharmacies located in each Connecticut county as of December 31, 2015:

Important: If the Managed Care Organization utilizes multiple networks, the statistical information should be provided for the network with the lowest primary care physician (PCP) participation.

Fairfield County	_____	New Haven County	_____
Hartford County	_____	New London County	_____
Litchfield County	_____	Tolland County	_____
Middlesex County	_____	Windham County	_____

CERTIFICATION OF ACCURACY

I, _____, _____ of
(Printed Name) (Title of Officer)

_____, hereby certify that I have reviewed
(Managed Care Organization)

the information submitted in this survey, including any attached addendum, in accordance with §38a-478c /§38a-478e of the Connecticut General Statutes as amended, and that the information is true and accurate.

(Signature of Officer)

(date)