



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### 2016 CONSUMER REPORT CARD SURVEY – PART 2 (To be filed on or before July 1, 2016)

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, 2015 through December 31, 2015.**

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. \*\***

**In determining the percentage of board certified providers in the first two questions please note the following should not be counted:**

- **Physicians who practice exclusively within the inpatient hospital setting and provide care for members only as a result of members being directed to the hospital.**
- **Physicians who practice exclusively within free-standing facilities and provide care for members only as a result of members being directed to the facility.**

<p><b>The percentage of primary care physicians in the provider network who are board certified.</b></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><b>The percentage of physician specialists in the provider network who are board certified.</b></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><b>Breast Cancer Screening</b></p> <p>The percentage of enrolled women who:</p> <ol style="list-style-type: none"> <li>were age 52 through 74 years as of December 31, 2015; and</li> <li>continuously enrolled from October 1, 2013 through December 31, 2015; and</li> <li>had 1 or more mammogram between October 1, 2013 and December 31, 2015.</li> </ol>	<p>_____ %</p>
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<p><b>Cervical Cancer Screening</b></p> <p>The percentage of enrolled women who:</p> <ol style="list-style-type: none"> <li>were age 24 through 64 years as of December 31, 2015; and</li> <li>were continuously enrolled during 2013, 2014, or 2015; and</li> <li>who were either; <ul style="list-style-type: none"> <li>a woman age 21-64, who had cervical cytology performed in 2015 or the 2 years prior.</li> <li>A woman age 30-64, who had cervical cytology/human papillomavirus (HPV) co-testing performed in the 2015 or the 4 years prior.</li> </ul> </li> </ol>	<p>_____ %</p>
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<p><b>Colorectal Cancer Screening</b></p> <p>The percentage of members 51-75 years as of December 31, 2015, who were continuously enrolled during 2014 and 2015, who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:</p> <ol style="list-style-type: none"> <li>Fecal occult blood test (FOBT) during 2015.</li> <li>Flexible sigmoidoscopy during 2015 or the four years prior to 2015.</li> <li>Colonoscopy during 2015 or the nine years prior to 2015.</li> </ol>	<p>_____ %</p>
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<p><b>Controlling High Blood Pressure</b></p> <p>The percentage of members age 18 through 85 years as of December 31, 2015, who were continuously enrolled during 2015, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled during 2015, based on any of the following criteria:</p> <ul style="list-style-type: none"> <li>a. members 18-59 years of age whose BP was &lt;140/90 mm Hg</li> <li>b. members 60-85 years of age with a diagnosis of diabetes whose BP &lt;140/90 mm Hg</li> <li>c. members 60-85 years of age without a diagnosis of diabetes whose BP &lt;150/90 mm Hg</li> </ul> <p>Note: A single rate is reported &amp; is the sum of all 3 groups.</p> <p style="text-align: center;"><b>ROTATED MEASURE</b></p>	<p>_____ %</p>
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<p><b>Persistence of Beta Blocker Treatment After a Heart Attack</b></p> <p>The percentage of all members who:</p> <ul style="list-style-type: none"> <li>a. were age 18 years and older as of December 31, 2015; and</li> <li>b. were hospitalized &amp; discharged between July 1, 2014 and June 30, 2015; and</li> <li>c. were continuously enrolled from the discharge date through 179 days after discharge</li> <li>d. had a diagnosis of Acute Myocardial Infarction (AMI); and</li> <li>e. received persistent beta-blocker treatment for 6 months after discharge.</li> </ul>	<p>_____ %</p>
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<p><b>Childhood Immunizations</b></p> <p>The percentage of enrolled children who:</p> <ol style="list-style-type: none"> <li>turned two years during 2015; and</li> <li>were continuously enrolled for the 12 months preceding their second birthday; and</li> <li>have received the immunizations listed below. <ul style="list-style-type: none"> <li>At least four DtaP/DT vaccinations* on or before the child's second birthday.**</li> <li>At least three polio (IPV)* vaccinations, on or before the second birthday.**</li> <li>At least one MMR vaccination, on or before the child's second birthday.</li> <li>At least three H influenza type B (HiB) vaccinations*, on or before the child's second birthday.**</li> <li>At least three hepatitis B vaccinations or had a history of hepatitis illness*, on or before the child's second birthday.</li> <li>At least one chicken pox vaccination (VZV) or had a history of chicken pox illness, on or before the child's second birthday.</li> <li>At least four pneumococcal conjugate vaccinations*, on or before their second birthday**.</li> </ul> </li> </ol> <p>* with different dates of service.  ** Do not count any vaccination administered prior to 42 days after birth.</p>	<p>_____ %</p>
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<p><b>Immunizations for Adolescents</b></p> <p>The percentage of members who turned 13 years of age during 2015, who were continuously enrolled 12 months prior to their 13<sup>th</sup> birthday who:</p> <ol style="list-style-type: none"> <li>had one dose of meningococcal vaccine and one tetanus by their 13<sup>th</sup> birthday.</li> <li>had diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus by their 13<sup>th</sup> birthday.</li> <li>had diphtheria toxoids vaccine (Td) by their 13<sup>th</sup> birthday.</li> </ol>	<p>_____ %</p> <p>_____ %</p> <p>_____ %</p>
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<p><b>Human Papillomavirus Vaccine for Female Adolescents</b></p> <p>The percentage of female members who turned 13 years of age during 2015, who were continuously enrolled 12 months prior to their 13<sup>th</sup> birthday, who had three doses of the human papillomavirus (HPV) vaccine by their 13<sup>th</sup> birthday.</p>	<p>_____ %</p>
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<p><b>Adult Access to Preventive/Ambulatory Health Services</b></p> <p>The percentage of enrollees age 20-44 as of December 31, 2015 who:</p> <ul style="list-style-type: none"> <li>a. were continuously enrolled in the plan during 2013, 2014 and 2015; and</li> <li>b. had at least one ambulatory or preventive care visit in 2013, 2014 or 2015.</li> </ul> <p>The percentage of enrollees age 45-64 as of December 31, 2015 who:</p> <ul style="list-style-type: none"> <li>a. were continuously enrolled in the plan during 2013, 2014 and 2015; and</li> <li>b. had at least one ambulatory or preventive care visit in 2013, 2014 or 2015.</li> </ul>	<p>_____ %</p> <p>_____ %</p>
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<p><b>Children &amp; Adolescents Access to Primary Care Physicians (PCP)</b></p> <p>The percentage of members 12 months-19 years of age who:</p> <ul style="list-style-type: none"> <li>a. children 12-24 months of age as of December 31, 2015 and were continuously enrolled in the plan during 2015; and had a visit with a PCP during 2015.</li> <li>b. children 25 months-6 years of age as of December 31, 2015 and were continuously enrolled in the plan during 2015; and had a visit with a PCP during 2015.</li> <li>c. children 7 -11 years of age as of December 31, 2015 and were continuously enrolled in the plan during 2014 and 2015; and had a visit with a PCP during 2014 or 2015.</li> <li>d. children 12-19 years of age as of December 31, 2015 and were continuously enrolled in the plan during 2014 and 2015; and had a visit with a PCP during 2014 or 2015.</li> </ul>	<p>_____ %</p> <p>_____ %</p> <p>_____ %</p> <p>_____ %</p>
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<p><b>Eye Exams for People with Diabetes</b></p> <p>The percentage of all members with diabetes (type II and I) who:</p> <ul style="list-style-type: none"> <li>a. were enrolled on December 31, 2015; and</li> <li>b. were 18 through 75 years of age during 2015; and</li> <li>c. were continuously enrolled during 2015;</li> <li>d. who had either a retinal or dilated eye examination in 2015, or had a negative retinal or dilated eye examination in 2014.</li> </ul>	<p>_____ %</p>
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<b>Comprehensive Diabetes Care</b>	
The percentage of members who:	
a. were enrolled on December 31, 2015; and	
b. were 18 through 75 years of age during 2015; and	
c. were continuously enrolled during 2015; and	
d. were treated for diabetes (type II and I)	
1. Had Hemoglobin A1c (HbA1c) tested during 2015.	1)_____%
2. Had HbA1c tested during 2015 and	
a. the most recent test is poorly controlled (>9.0%)	2a)_____%
b. the most recent test is controlled (<8.0%)	2b)_____%
3. Kidney disease (nephropathy) monitored. The member was screened for nephropathy during 2015 or had evidence of medical attention in 2015 for nephropathy that is already diagnosed.	3)_____%
4. Had a blood pressure level as documented through medical record review of <140/90 mm Hg during 2015.	4)_____%

<b>Prenatal Care in the First Trimester and Postpartum Care</b>	
The percentage of enrolled women who, delivered a live birth between November 6, 2014 and November 5, 2015; 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.	_____%
<b>ROTATED MEASURE</b>	

<b>Member Satisfaction</b>	
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)	_____ %

<b>QUESTION 1: In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?</b>	
Indicate the percentage of respondents to this question that selected EACH of the following response choices.	
Never	_____ %
Sometimes	_____ %
Usually	_____ %
Always	_____ %

<b>QUESTION 2: In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as you needed?</b>	
Indicate the percentage of respondents to this question that selected EACH of the following response choices.	
Never	_____ %
Sometimes	_____ %
Usually	_____ %
Always	_____ %

<b>QUESTION 3: In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?</b>	
Indicate the percentage of respondents to this question that selected EACH of the following response choices.	
Never	_____ %
Sometimes	_____ %
Usually	_____ %
Always	_____ %

<p><b>QUESTION 4: In the last 12 months, how often was it easy to get care, tests or treatment, you needed?</b></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>	<p>_____ %</p> <p>_____ %</p> <p>_____ %</p> <p>_____ %</p>
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<p><b>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?</b></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>	<p>_____ %</p> <p>_____ %</p> <p>_____ %</p> <p>_____ %</p>
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<p><b>QUESTION 6: In the last 12 months, how often did your health plan’s customer service give you the information or help you needed?</b></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>	<p>_____ %</p> <p>_____ %</p> <p>_____ %</p> <p>_____ %</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. What would you rate your health plan?**

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-478l of the Connecticut General Statutes as amended, and that the information is true and accurate.

\_\_\_\_\_  
 (Signature of Officer)

\_\_\_\_\_  
 (date)

## Mental Health Services Addendum

Pursuant to §38a-478l 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.

<p><b>Mental Health Utilization-Percentage by Level of Care (Inpatient, Intermediate or Ambulatory)</b></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;">Intensive Outpatient or Partial Hospitalization Health Services _____</p> <p style="padding-left: 20px;">Outpatient or Emergency Department Health Services _____</p> <p>2) Inpatient Mental Health Services _____ %</p> <p style="padding-left: 20px;">Intensive Outpatient or Partial Hospitalization Health Services _____ %</p> <p style="padding-left: 20px;">Outpatient or Emergency Department Health Services _____ %</p>	
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<p><b>Alcohol and Other Drug Services-Percentage by Level of Care (Inpatient, Intermediate or Ambulatory)</b></p> <p>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.</p> <p>1) Any Chemical Dependency Service _____</p> <p style="padding-left: 20px;">Inpatient Chemical Dependency Services _____</p> <p style="padding-left: 20px;">Intensive Outpatient or Partial Hospitalization Dependency Services _____</p> <p style="padding-left: 20px;">Outpatient or Emergency Department Dependency Services _____</p> <p>2) Inpatient Chemical Dependency Services _____ %</p> <p style="padding-left: 20px;">Intensive Outpatient or Partial Hospitalization Dependency Services _____ %</p> <p style="padding-left: 20px;">Outpatient or Emergency Department Dependency Services _____ %</p>	
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<p><b>Follow-up After Hospitalization for Mental Illness</b></p> <p>The percentage of discharges for members 6 years of age and older as of the discharge date, who were continuously enrolled from the date of discharge through 30 days after discharge, who had an acute care inpatient discharge with a principal diagnosis of mental illness, with a discharge date on or between January 1, and December 1, 2015</p> <p>a. who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 30 days after the hospital discharge</p> <p>b. who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 7 days after the hospital discharge</p> <p><b>Mental Health Diagnosis value set</b></p>	<p>_____ %</p> <p>_____ %</p>
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<p><b>Antidepressant Medication Management</b></p> <p>The percentage of members 18 years of age and older as of April 30, 2015, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, who were not taking an antidepressant medication 105 days prior to the IPSD, who were diagnosed with a new episode of depression between May 1, 2014 and April 30, 2015, and treated with antidepressant medication, who met at least one of the following criteria during the intake period.</p> <ul style="list-style-type: none"> <li>• An outpatient, intensive outpatient or partial hospitalization setting with any diagnosis of major depression; or</li> <li>• An ED visit with any diagnosis of major depression; or</li> <li>• At least one inpatient claim/encounter with any diagnosis of major depression. <ul style="list-style-type: none"> <li>a. Who remained on antidepressant medication for at least an 84-day period (12 week).</li> <li>b. Who remained on antidepressant medication for at least 180 days (6 months).</li> </ul> </li> </ul>	<p>_____ %</p> <p>_____ %</p>
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<b>Utilization Review Statistics</b>	
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 _____

<b>Federal Medical Loss Ratio:</b>	Individual	_____%
	Small Group	_____%
	Large Group	_____%
The Federal medical loss ratio has the same meaning as provided in and calculated in accordance with PPACA, PL 111-148, as amended from time to time, and regulations adopted thereunder.		

<b>Claim Expenses</b>	
Provide the claim expenses <b>on a per member per month basis</b> for the period of January 1, 2015 through December 31, 2015, for each of the following.	
Inpatient Mental Health	_____
Inpatient Substance Abuse	_____
Outpatient Mental Health	_____
Outpatient Substance Abuse	_____
Total of the above overall	_____

**Please use the following definitions when completing the UR Behavioral Statistics that follow:**

**Acute Inpatient** – a structured hospital based program which provides 24 hour/7 day nursing care, medical monitoring/observation, physician availability, assessment and diagnostic services, active behavioral health, and a structured therapeutic environment that is only available in an inpatient setting.

**Residential Treatment** – specialized treatment that occurs in a residential treatment center. Licensure may differ somewhat by state, but these facilities are typically designated residential, sub acute, or intermediate care facilities and may occur in care systems that provide multiple levels of care. Residential treatment is 24 hours per day and requires a minimum of one physician visit per week in a facility based setting.

**Partial Hospitalization** – a structured treatment that offers nursing care and treatment provided by a multidisciplinary treatment team, which includes a psychiatrist. Partial hospitalization is an alternative to acute inpatient treatment. Covered individuals are not cared for on a 24 hour per day basis, and typically leave the program each evening and/or weekends.

**Intensive Outpatient Treatment** – a structured treatment program which is an alternative to inpatient or partial hospital care and offers intensive, coordinated, multidisciplinary services for individuals with active psychiatric or substance related illness who are able to function in the community at a minimally appropriate level and present no imminent potential for harm to themselves or others.

**Routine Outpatient** – treatment by a mental health professional licensed to practice independently to provide care to individuals in an outpatient setting. Treatment may consist of individual therapy, group therapy, family therapy, medical management or any combination of these.

**Substance Abuse Detox** – a hospital based program which provides 24 hour/7 day nursing care, medical monitoring, physician availability, assessment and diagnostic services, and active behavioral health treatment services for the purposes of completing a medically safe withdrawal from alcohol or drugs.

**Fully Insured Behavioral Health Statistics:**

	<u>Acute Inpatient</u>	<u>Residential</u>	<u>Partial Hospitalization</u>	<u>Intensive Outpatient</u>	<u>Routine Outpatient</u>	<u>Substance Abuse Detox</u>
<b>Provide the following on all mental &amp; nervous conditions for calendar year 2015.</b>						
Number of UR Requests received	_____	_____	_____	_____	_____	_____
Number of UR Requests Denied ( <b>includes partial denials</b> )	_____	_____	_____	_____	_____	_____
Percentage of UR Requests that were Denied ( <b>includes partial denials</b> )	_____	_____	_____	_____	_____	_____
Number of Denials that were Appealed	_____	_____	_____	_____	_____	_____
Percentage of Denials that were Appealed	_____	_____	_____	_____	_____	_____
Number of Appeals that Reversed the decision	_____	_____	_____	_____	_____	_____
Percentage of Appeals that Reversed the decision	_____	_____	_____	_____	_____	_____
Number of Upheld Appeals that went to External Appeal	_____	_____	_____	_____	_____	_____
Percentage of Upheld Appeals that went to External Appeals	_____	_____	_____	_____	_____	_____
Number of External Appeals that Reversed the decision	_____	_____	_____	_____	_____	_____
Percentage of External Appeals that Reversed the decision	_____	_____	_____	_____	_____	_____

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

**Claim Data for 2015**

Provide the total number of claims received for the period of January 1, 2015 through December 31, 2015. \_\_\_\_\_

**Claim Denial Data for 2015**

Provide the total number of claims denied (**includes partial denials**) for the period of January 1, 2015 through December 31, 2015. \_\_\_\_\_

Provide a breakdown of the above denied claims based on the reason for the denial. Any denied claims that do not fall into these specified 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.

<b>Reason for denial:</b>	<b># of denied Claims</b>	<b>% of the total claims</b>	<b># of internal appeals of denials</b>	<b>% of the total claims</b>	<b># reversed on internal appeal</b>	<b>% of the total claims</b>
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”	_____	_____	_____	_____	_____	_____
<b>Totals:</b>	_____	_____	_____	_____	_____	_____

**Note : Any denial that has multiple reasons should be included only once and under the primary reason for denial.**