

Connecticut Association of Health Plans

Task Force to Study Provision of
Behavioral Services to Young Adults

October 22, 2013

Association Members

- Aetna
- Anthem
- Cigna
- ConnectiCare
- United (Optum)
- Harvard Pilgrim (New to State)

Foundation

- Industry is listening.
- Shared vision for a better delivery system based on value and quality.
- Significant Period of Transition:
 - Accountable Care Act
 - Passage of the Federal Mental Health Parity Act
 - Implementation of CT PA 13-3 and PA 13-178
 - Changing dynamics of health care needs.

Movement is Happening

- Carrier Initiatives: ACOs, Medical Home, Provider Partnerships.
- Building off the BHP Laboratory: IICAPS and other models.
- Exchange Plan Design: Essential Community Providers.
- SHIP (SIM) and All Payer Claims Database.
- Telemedicine
- Most Importantly, reforms as a result of PA 13-3.

Public Act 13-3

Industry is proud of its work with the Administration, its Agencies, the Legislature and the Advocate's Office.

- New Requirements just became effective October 1, 2013:
 - 24 hour turnaround for most coverage requests for mental health and substance abuse.
 - Expedited reviews.
 - Requirements go above and beyond.
 - Specified clinical review requirements; comparison requirements for any default criteria.
 - New requirements for denial notices.
 - New ability for “peer to peer” discussions before the point of denial.
 - Continuation of coverage requirements during appeal.

Public Act 13-3 Continued....

- New requirements re: use of clinical peers in mental health and substance abuse.
- New requirements on CID to analyze statistic abnormalities on report card data.
- New requirements on CID to conduct federal parity compliance checks on carriers.
- New mental health tool kit just released by CID. Carriers will post on their websites.
 - [http://www.ct.gov/cid/lib/cid/Behavioral Health Toolkit.pdf](http://www.ct.gov/cid/lib/cid/Behavioral_Health_Toolkit.pdf)
- New requirements for DCF and DHMAS:
 - Regional behavioral health consultation and care coordination program for PCPs.

Public Act 13-3 Continued....

- October 1, 2013 effective date for most of the new provisions.
- Need to allow time for new initiatives to prove themselves before adding additional layers of regulation. Need to avoid duplication which always adds costs.
- Cost always needs to be part of the equation, because without affordability there is no sustainability.

Health Care Exchange (Access Health)

- Exchange went live October 1.
- Good partnership with the State.
- No question there will be bumps in the road.
- Significant resource demands.
- Biggest change of health care policy in decades.

Preliminary Data Based Upon Request

- Still compiling.
- Program Review & Investigations took almost a year.
- Industry understands the immense desire for data and is partnering with the state and other groups with the core mission of developing the data sets the task force is interested in.
- Good news on the horizon.
 - APCD
 - EMRs
 - ACOs and Medical Homes
 - Exchange
 - SIM

Data Parameters

- Represents “fully insured” lives v. “self insured” lives.
- Only ½ of the commercial market is “fully insured” = less than ¼ of the state’s population when you consider:
 - CT total population: 3.6 million
 - Medicaid, HUSKY, other entitlements: 600,000
 - Medicare population: 500,000 plus
 - Commercial population: 2.2 million **BUT**
 - 1.4 million self funded/ASO
 - Only 800,000 fully insured
 - 65% to 35% self funded to fully insured.
- Demographics of “fully insured” market are important to understand: small employers.
- Appreciate desire for 15 years of data – not possible or meaningful at this juncture.
 - Again APCD envisioned as a central clearinghouse to allow such research in the future. First data submission in August, 2014 including 3 years of “look back” data.
 - Program Review & Investigations Committee Phase I and Phase II reports include most of the information requested.
 - CID Report card has annual mental health data. Need to consider collection methods.

Demographics

I. Demographic

How many individuals, particularly between the ages of 15 and 26, are covered by each of the commercial/private health insurance plans approved by the State of Connecticut Insurance Department?

	<i>Ages 12-17</i>		<i>Ages 18-25</i>		<i>Ages 12-25</i>	
	<i>Number</i>	<i>% of Total</i>	<i>Number</i>	<i>% of Total</i>	<i>Total Number</i>	<i>% of Total</i>
Plan A	8,281	10%	12,626	9%	20,907	9%
Plan B	30,109	36%	64,387	45%	94,496	42%
Plan C	25,422	30%	35,838	25%	61,260	27%
Plan D	20,728	25%	28,885	20%	49,613	22%
TOTAL	84,540	100%	141,736	100%	226,276	100%

Note: One of the five health plans is omitted from the presentation and calculations above because it did not submit data.

Source: PRI staff calculations using CT Association of Health Plans data.

Demographics Continued...

How do these individuals obtain such coverage?

(2012 Data)

Carrier A: Total: 21,639

Through parent/guardian/family member group plans? (i.e. Group dependents ages 15-26) = 15,293

Through their own employers' group plans? (i.e. Group subscribers ages 15-26) = 5,335

Through their own individual plan? (i.e. IVL subscribers ages 15-26) = 1,011

Carrier B: Total: 90,163

Through parent/guardian/family member group plans? (i.e. Group dependents ages 15-26) = 29,685

Through their own employers' group plans? (i.e. Group subscribers ages 15-26) = 57,107

Through their own individual plan? (i.e. IVL subscribers ages 15-26) = 3,371

Carrier C: Total: 17,645

Through parent/guardian/family/own member group plans? (i.e. Group dependents ages 15-26) = 15,277

Through their own individual plan? (i.e. IVL subscribers ages 15-26) = 2,368

Demographics Continued...

Carrier D: Total: 37,752

Through parent/guardian/family member group plans? (i.e. Group dependents ages 15-26) = 31,946

Through their own employers' group plans? (i.e. Group subscribers ages 15-26) = 5,343

Through their own individual plan? (i.e. IVL subscribers ages 15-26) = 463

Scope of Coverage

What types of the following behavioral health care are/are not covered by private/commercial insurance plans? (Note: not covered meaning a policy exclusion)

- Emergency department treatment (assessment/stabilization)
- Inpatient
- Residential rehabilitation
- Community living arrangements
- Partial hospitalization (PHP)
- Intensive outpatient (IOP)
- Outpatient
- Counseling
- Medication management
- Groups (e.g., DBT)
- Case Management
- In-home treatment models (e.g. IICAPS, FST, etc.)

➤ Carriers routinely cover emergency department treatment, inpatient, residential rehabilitation, partial hospitalization, intensive outpatient, routine outpatient, and case management – though some case management services may be provided by the carrier itself.

➤ Most do not cover Community Living Arrangements although some do under certain plan designs.

➤ Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) is an emerging coverage as plans are beginning to contract for such services. Some have always covered in-home treatment provided it is delivered by the appropriate credentialed clinical provider. Still other plans may only cover in-home treatment for certain diagnoses such as ABA therapy for autism. The coverage in members' benefit plans may vary.

Scope of Coverage Continued....

For each type of covered service, are there limitations to the number of days/sessions that will be authorized upon an initial request?

No, carriers do not have a standard as it is individualized per patient based upon medical necessity. Please keep in mind, however, it is subject to benefit design including deductibles and copays etc. Typically:

- inpatient is covered for 1 to 3 days.
- residential rehabilitation is 3 to 6 days.
- PHP 4 to 6 days.
- intensive outpatient is 3 to 12 days.
- open authorizations are provided for outpatient services including counseling, medication management and groups same for case management.
- in-home treatment is typically 10 days.

Authorization/Reimbursement Process

For each covered level of care, what are the mechanisms/processes through which a provider (INN or OON) can seek authorization to provide reimbursed care and obtain reimbursement?

- **Carriers maintain both web portals and provider service telephonic lines. Some carriers limit their web portals to in network providers.**

For each type of covered service for which there is a limitation to the number of days/sessions that can be initially authorized, what is the process through which additional days/sessions can be authorized?

- **Carriers maintain both web portals and provider service telephonic lines. Some carriers limit their web portals to in network providers. Determinations are based on the clinical information submitted.**

What are the times frames for obtaining such authorization?

- **In accordance with the legislation just passed in Public Act 13-3, carriers treat as urgent (determination is made within 24 hours) services or treatments for substance use or co-occurring mental disorders AND mental disorder-related inpatient services, partial hospitalization, residential treatment or intensive outpatient services needed to keep a covered person from requiring an inpatient setting provided that all information needed to make a coverage determination is provided. Requests to extend a course of treatment beyond the initial determination must be made at least 24 hours before the initial authorization expires.**

What are the time frames in which requested treatment can be commenced?

- **There is no set time frame for which treatment can be commenced, however, generally it is 24 hours from the requested start date for inpatient, residential treatment, and partial hospitalization. Generally, 72 hours for intensive outpatient. Often dependent upon the facility or varies depending on treatment setting and clinical information.**

Public System/Commercial System

Please explain what you see are the main differences between the public health care insurance system (i.e., Medicaid) and commercial/private health care insurance, especially in terms of how young adults are covered for behavioral health services. What differences are you aware of in the types of services provided by private and public insurance?

- Given that the commercial carriers are no longer engaged as in the Medicaid program in CT, our response is anecdotal.
- In states where carriers manage both commercial products and Medicaid products, it is more likely to find “wrap-around” services available to the publicly funded consumers who, in addition to their mental illness, often have significant social support deficits. These services may include home based intensive clinical care, case management and non-clinical interventions. Also, clubhouse and day treatment programs may be covered. Conversely, Medicaid coverage is typically limited to network contracted state or regional providers where commercially insured consumers have access to national network as well as out of network providers if covered. This could include “destination” programs in FL and CA.
- Carriers are in a major transition period as mentioned earlier contracting similar services that are offered through public insurance. Historically, provider case management hasn’t been covered, although carriers do offer in-house case management to ensure members are complying with treatment plans. Generally, benefit designs haven’t been set up to support public services. Often these agencies haven’t wanted to deal with commercial insurance since they don’t have the infrastructure (coding/billing) to work with them or are grant funded. Reimbursement from public insurance is very different than private insurance.
- Similarly, commercial carriers haven’t typically covered “housing” services such as sober or halfway houses although they do often cover the associated therapies should they be provided by licensed clinicians.

Assume there are two 16 year old boys in Connecticut who have the same mental health care needs, one of whom is covered by Medicaid, and one of whom is covered by private insurance. Would you think they would get the same or different services (please explain any differences), and to what would you attribute any differences? How would the type of insurance coverage impact their care.

- Difficult to do a valid comparison at this juncture. Commercial members may have access to providers not in the Medicaid network, but conversely Medicaid members do not have access to providers in commercial networks. Commercial members often have out of network benefits that expand their access, but are subject to benefit designs like deductibles. As discussed earlier, carriers are at a significant point of transition looking at new models and treatment modalities.

What percent of individuals with private coverage receive treatment through the public system? What percent of persons with private coverage accessed treatment through the public system? What was the cost of the treatment and how much was reimbursed to the state? Of the total yearly mental health care dollar expenditure in CT, what percentage is paid by the private health insurance companies.

- Carriers do not track this type of data specifically and would be challenged to do so. Carriers contract with providers whom may also be in the public system. If a service is grant funded, a carrier wouldn’t have access to that data.

Utilization

What percent of mental health claims/payment requests and treatment/authorizations requests for young adults were initially fully or partially denied by level of care? What percent of each were appealed either internally or through external review, with what outcomes?

**Table F-6. All Coverage Requests, Approvals, and Appeals of Denials
by Level of Care Requested and Primary Diagnosis, for Fully-Insured
Plan Youth 12-25, 2011**

	# Requests	# Approved	% Approved	# Appealed	Est. % Denials Appealed
Inpatient (all)	2,233	2,054	92%	101	56%
Substance use	412	368	89%	20	45%
Mental health	1,821	1,686	93%	81	60%
Residential (all)	572	445	78%	53	42%
Substance use	332	243	73%	33	37%
Mental health	240	202	84%	20	53%
Partial Hosp. (all)	643	618	96%	5	20%
Substance use	194	180	93%	2	14%
Mental health	449	438	98%	3	27%
Intensive OP (all)	1,120	1,096	98%	14	58%
Substance use	339	332	98%	9	129%*
Mental health	781	764	98%	5	29%
TOTAL (all)	4,568	4,213	92%	173	49%
Substance use	1,277	1,123	88%	64	42%
Mental health	3,291	3,090	94%	109	54%

Note: This is possible because, for at least some plans, denials and appeals were pulled from the data system separately, by year (instead of attached to 2011 requests).

Source: PRI staff calculations using CT Association of Health Plans data.

Utilization Continued...

What percent of adults age 25-65 with coverage requested and received mental health treatment? What types of services were covered? What were the average lengths of stay for inpatient services and average timeframes for outpatient services?

- **Consumer Report Card on Health Insurance Carriers in Connecticut: October 2012, 2013 pages 32-41. http://www.ct.gov/cid/lib/cid/2012_CT_Consumer_Report_Card_on_Health_Insurance.pdf**

Health Maintenance Organizations

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2011.	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
1) Number of UR requests received					
a) Inpatient Admissions	274	571	112	1,136	169
b) Outpatient Services	328	2,809	56	6,485	93
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	736	138	2,143	174
2) Number of Total Denials					
a) Inpatient Admissions	1	67	1	3	4
b) Outpatient Services	16	36	1	66	10
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	51	4	45	7
3) Number of Partial Denials					
a) Inpatient Admissions	2	1	0	0	1
b) Outpatient Services	0	107	0	17	8
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	0	1	35	3
4) Number of Appeals of Denials					
a) Inpatient Admissions	1	87	1	0	1
b) Outpatient Services	0	28	1	5	3
c) Procedures	0	0	0	3	0
d) Extensions of Stay	0	0	1	1	3
5) Number of Denials Reversed on Appeal					
a) Inpatient Admissions	1	5	0	0	0
b) Outpatient Services	0	15	0	3	0
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	0	1	0	0

2012

Health Maintenance Organizations

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2012.	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
1) Number of UR request received					
a) Inpatient Admissions	311	554	6	576	108
b) Outpatient Services	223	980	1	3,572	91
c) Procedures	9	0	0	0	1
d) Extensions of Stay	380	649	13	865	108
2) Number of Total Denials					
a) Inpatient Admissions	11	64	0	2	12
b) Outpatient Services	6	11	0	81	2
c) Procedures	1	0	0	0	0
d) Extensions of Stay	0	58	2	28	12
3) Number of Partial Denials					
a) Inpatient Admissions	0	1	0	1	10
b) Outpatient Services	0	1	0	10	0
c) Procedures	0	0	0	0	0
d) Extensions of Stay	16	0	0	12	10
4) Number of Appeals of Denials					
a) Inpatient Admissions	1	53	1	1	0
b) Outpatient Services	3	8	0	9	7
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	0	0	1	0
5) Number of Denials Reversed on Appeal					
a) Inpatient Admissions	0	3	0	0	0
b) Outpatient Services	1	7	0	1	0
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0
6) Number of upheld appeals that went to external appeal					
a) Inpatient Admissions	0	3	0	1	2
b) Outpatient Services	1	6	0	2	0
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	0	0	2	2
7) Number of External Appeals Reversed on Appeal					
a) Inpatient Admissions	0	1	0	1	0
b) Outpatient Services	0	5	0	0	0
c) Procedures	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0

Health Maintenance Organizations

Mental Health Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	197	1,128	84	1,341	240
Report the total discharges / 1,000 member months* *for Medicaid, Commercial & Medicare use: discharges / 1,000 members per year	3.01	6.03	0.25	0.69	0.38
Report the average length of stay.	8.27	8.20	7.49	2.76	8.16

Mental Health Utilization - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of members who received care					
A) Any Mental Health Service	4,123	31,747	1,825	12,261	4,950
B) Inpatient Mental Health Services	93	793	68	399	177
C) Intermediate Mental Health Services	84	553	31	126	118
D) Ambulatory Mental Health Services	4,100	31,108	1,803	12,198	4,912
Report the percentage of the above numbers who received the respective service.					
A) Inpatient Mental Health Services	0.21%	0.42%	0.32%	0.19%	0.33%
B) Intermediate Mental Health Services	0.19%	0.30%	0.15%	0.06%	0.22%
C) Ambulatory Mental Health Services	9.28%	16.63%	8.45%	5.95%	9.25%

2012

Health Maintenance Organizations

Mental Health Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	197	1,065	24	465	198
Report the total discharges / 1,000 member months* *for Medicaid, Commercial & Medicare use: discharges / 1,000 members per year	3.01	4.16	0.16	0.25	0.34
Report the average length of stay.	8.27	7.70	15.20	8.19	11.93

Mental Health Utilization - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of members who received care					
A) Any Mental Health Service	4,091	32,911	503	11,752	4,745
B) Inpatient Mental Health Services	102	812	14	375	152
C) Intensive Outpatient or Partial Hospitalization Health Services	92	587	8	154	101
D) Outpatient or Emergency Department Health Services	4,067	32,797	498	11,700	4,716
Report the percentage of the above numbers who received the respective service.					
A) Inpatient Mental Health Services	0.23%	0.31%	0.23%	0.20%	0.32%
B) Intensive Outpatient or Partial Hospitalization Health Services	0.21%	0.23%	0.13%	0.08%	0.21%
C) Outpatient or Emergency Department Health Services	9.37%	12.62%	8.07%	6.10%	9.84%

2013

Health Maintenance Organizations

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	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	595	67	244	203
Report the total discharges / 1,000 member months* *for Medicaid, Commercial & Medicare use: discharges / 1,000 members per year	1.25	3.18	0.20	0.13	0.32
Report the average length of stay.	4.63	5.00	5.38	5.63	4.11

Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of members who received care					
a) Any Chemical Dependency Service	675	4,492	410	2,298	906
b) Inpatient Chemical Dependency Services	157	920	87	445	280
c) Intermediate Chemical Dependency Services	88	513	46	112	123
d) Ambulatory Chemical Dependency Services	588	3,841	354	2,100	760
Report the percentage of the above numbers who received the respective service.					
a) Inpatient Chemical Dependency Services	0.36%	0.49%	0.41%	0.19%	0.53%
b) Intermediate Chemical Dependency Services	0.20%	0.27%	0.22%	0.05%	0.23%
c) Ambulatory Chemical Dependency Services	1.33%	2.05%	1.66%	0.89%	1.43%

2012

Health Maintenance Organizations

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	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	617	18	303	225
Report the total discharges / 1,000 member months* *for Medicaid, Commercial & Medicare use: discharges / 1,000 members per year	1.25	2.41	0.12	0.16	4.70
Report the average length of stay.	4.63	5.40	6.94	5.50	4.81

Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Report the total number of members who received care					
a) Any Chemical Dependency Service	749	5,120	79	2,325	957
b) Inpatient Chemical Dependency Services	155	1,091	15	453	289
c) Intensive Outpatient or Partial Hospitalization Dependency Services	101	634	7	148	137
d) Outpatient or Emergency Department Dependency Services	663	4,578	73	2,157	793
Report the percentage of the above numbers who received the respective service.					
a) Inpatient Chemical Dependency Services	0.36%	0.42%	0.24%	0.24%	0.60%
b) Intensive Outpatient or Partial Hospitalization Dependency Services	0.23%	0.24%	0.11%	0.08%	0.29%
d) Outpatient or Emergency Department Dependency Services	1.53%	1.76%	1.18%	1.12%	1.65%

Health Maintenance Organizations

Mental Health Utilization - Follow-up After Hospitalization for Mental Illness	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
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, 2011 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.	80.72%	87.20%	82.14%	86.60%	86.42%
b) Who had an ambulatory or intermediate mental health visit on the date of discharge up to 7 days after the hospital discharge.	62.65%	70.38%	57.14%	70.24%	69.14%

Mental Health Utilization - Antidepressant Medication Management	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
The percentage of members 18 and older as of Apr. 30, 2011, 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, 2010 and Apr. 30, 2011, 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.	55.48%	61.91%	72.37%	75.65%	65.67%
b) Who remained on antidepressant medication for at least 180 days (6 months).	42.58%	44.00%	51.32%	56.32%	52.24%

Health Maintenance Organizations

Mental Health Utilization - Follow-up After Hospitalization for Mental Illness	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
The percentage of discharges from an inpatient setting of an acute care facility, including acute psychiatric facilities, with a discharge date on or between Jan. 1 and Dec 1, 2012 for members 6 yrs of age or 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 the hospital discharge.	77.78%	79.68%	0.00%	83.55%	85.37%
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 the hospital discharge.	71.11%	64.94%	0.00%	71.62%	70.73%

Mental Health Utilization - Antidepressant Medication Management	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
The percentage of members 18 and older as of Apr. 30, 2012, who were continuously enrolled 90 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, 2011 and Apr. 30, 2012, 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; 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 for at least an 84-day period (12 week) acute treatment phase.	77.57%	71.63%	0.00%	69.43%	66.17%
b) Who remained on antidepressant medication for at least 180 days (6 months) continuation phase.	61.22%	56.62%	0.00%	53.68%	54.14%

Health Maintenance Organizations

Claim Expenses -	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2011 through Dec. 31, 2011 for each of the following.					
Inpatient Mental Health	\$3.07	\$2.76	\$2.82	\$2.21	\$2.95
Inpatient Substance Abuse	\$1.48	\$0.37	\$1.06	\$0.62	\$0.61
Outpatient Mental Health	\$4.77	\$7.59	\$3.60	\$3.99	\$7.36
Outpatient Substance Abuse	\$1.48	\$0.76	\$0.60	\$1.06	\$0.64
Total of the above overall	\$10.80	\$11.48	\$8.08	\$7.88	\$11.56

Claim Denial Data -	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
For the period of Jan. 1, 2011 through Dec. 31, 2011, provide the denials as a percent of the total claims by the following reasons:					
1) not a covered benefit	1.69%	1.07%	2.66%	0.41%	1.56%
2) not medically necessary	0.06%	0.05%	0.01%	0.08%	0.35%
3) not an eligible enrollee/dependent	0.27%	3.00%	0.13%	3.19%	2.35%
4) incomplete submission	0.00%	0.62%	0.14%	1.12%	0.57%
5) duplicate submission	0.00%	2.20%	0.92%	4.07%	3.99%
6) all other miscellaneous	6.25%	10.00%	7.59%	7.63%	14.14%

Health Maintenance Organizations

Claim Expenses -	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2012 through Dec. 31, 2012 for each of the following.					
Inpatient Mental Health	\$4.89	\$2.80	\$8.86	\$2.87	\$3.07
Inpatient Substance Abuse	\$1.11	\$0.42	\$0.62	\$0.88	\$0.91
Outpatient Mental Health	\$5.87	\$8.18	\$2.92	\$3.95	\$8.04
Outpatient Substance Abuse	\$1.49	\$1.15	\$0.15	\$1.18	\$0.79
Total of the above overall	\$13.36	\$12.55	\$12.55	\$8.88	\$12.81

Claim Denial Data -	Aetna Health	Anthem BC-BS	CIGNA	ConnectiCare	Oxford
For the period of Jan. 1, 2012 through Dec. 31, 2012. The total number of claims received for that period.	129,292	1,305,916	5,028	3,742,937	935,016
Provide the number of denials of the total in each of the following:					
1) not a covered benefit	35,035	15,383	65	21,154	13,449
2) not medically necessary	994	434	2	3,262	3,789
3) not an eligible enrollee/dependent	8,548	39,481	20	120,338	41,549
4) incomplete submission	0	9,779	86	48,628	82,455
5) duplicate submission	0	34,938	50	131,574	48,601
6) all other miscellaneous	84,715	134,677	152	322,188	60,132
Provide the denials as a percentage of the total in each of the following:					
1) not a covered benefit	2.53%	1.18%	1.29%	0.57%	1.44%
2) not medically necessary	0.07%	0.05%	0.04%	0.09%	0.41%
3) not an eligible enrollee/dependent	0.62%	3.00%	0.40%	3.22%	4.44%
4) incomplete submission	0.00%	0.75%	1.71%	1.30%	8.82%
5) duplicate submission	0.00%	2.70%	1.00%	3.52%	5.20%
6) all other miscellaneous	6.13%	10.31%	3.01%	8.61%	6.43%

Indemnity Managed Care Companies

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2011.	Aetna Life	American Republic	Anthem BC-BS	Cedric	CIGNA H & L	ConnectiCare	CT General	Golden Rule	Guardian	John Alden	Oxford Health	Time	Trustmark	Union Security	United
1) Number of UR request received															
a) Inpatient Admissions	304	30	898	1	114	146	376	25	0	9	328	18	0	0	116
b) Outpatient Services	223	6	2,975	0	85	1,429	211	0	11	0	191	0	0	0	128
c) Procedures	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
d) Extensions of Stay	0	5	1,101	0	238	249	554	0	0	2	328	5	0	0	123
2) Number of Total Denials															
a) Inpatient Admissions	1	7	192	0	1	0	7	0	0	1	18	1	0	0	3
b) Outpatient Services	4	0	96	0	5	19	12	0	0	0	30	0	0	0	3
c) Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	117	0	15	6	43	0	0	1	27	0	0	0	5
3) Number of Partial Denials															
a) Inpatient Admissions	10	0	0	0	1	0	0	0	0	0	7	0	0	0	7
b) Outpatient Services	0	0	147	0	2	12	1	0	0	0	14	0	0	0	4
c) Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	1	0	0	6	3	0	0	0	20	0	0	0	9
4) Number of Appeals of Denials															
a) Inpatient Admissions	1	0	141	0	0	1	7	0	0	1	6	0	0	0	4
b) Outpatient Services	0	0	44	0	0	3	3	0	0	0	5	0	0	0	1
c) Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	3	0	14	0	0	0	7	0	0	0	3
5) Number of Denials Reversed on Appeal															
a) Inpatient Admissions	0	0	8	0	0	0	1	0	0	0	1	0	0	0	0
b) Outpatient Services	0	0	16	0	0	0	3	0	0	0	0	0	0	0	0
c) Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0

Indemnity Managed Care Companies

Fully Insured Behavioral Health - Utilization Review Statistics

Provide the following on all fully-insured mental & nervous conditions for calendar year 2012	Aetna Life	Anthem BC/BS	Celtic	CIGNA H&L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
1) Number of UR requests received											
a) Inpatient Admissions	330	665	0	126	252	216	0	1	285	10	16
b) Outpatient Services	266	1,321	0	125	1,816	252	0	0	181	0	26
c) Procedures	5	0	0	0	0	0	0	0	3	0	0
d) Extensions of Stay	424	868	0	603	451	886	0	0	285	4	21
2) Number of Total Denials											
a) Inpatient Admissions	3	101	0	7	4	10	0	0	42	0	4
b) Outpatient Services	7	34	0	8	39	17	0	0	5	0	14
c) Procedures	1	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	94	0	26	14	51	0	0	42	0	9
3) Number of Partial Denials											
a) Inpatient Admissions	0	0	0	0	0	2	0	0	28	0	1
b) Outpatient Services	0	0	0	4	9	3	0	0	4	0	5
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	15	0	0	0	6	0	0	0	28	0	4
4) Number of Appeals of Denials											
a) Inpatient Admissions	2	80	0	4	0	4	0	0	2	0	1
b) Outpatient Services	3	28	0	1	3	4	0	0	9	0	3
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	12	1	19	0	0	2	0	3
5) Number of Denials Reversed on Appeal											
a) Inpatient Admissions	0	5	0	1	0	1	0	0	0	0	1
b) Outpatient Services	1	0	0	0	2	0	0	0	0	0	1
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	3	0	2	0	0	0	0	2
6) Number of upheld appeals that went to External Appeal											
a) Inpatient Admissions	0	2	0	0	0	0	0	0	3	0	0
b) Outpatient Services	0	21	0	0	0	2	0	0	0	0	0
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	2	2	0	0	3	0	0
7) Number of external appeals reversed on appeal											
a) Inpatient Admissions	0	1	0	0	0	0	0	0	0	0	0
b) Outpatient Services	0	9	0	0	1	2	0	0	0	0	0
c) Procedures	0	0	0	0	0	0	0	0	0	0	0
d) Extensions of Stay	0	0	0	0	0	2	0	0	0	0	0

Indemnity Managed Care Companies

Mental Health Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	American Republic	Anthem BC-BS	Cellic	CIGNA IL & I	ConnectCare	CT General	Golden Rule	Guardian	John Alden	Oxford Health	Time	Trustmark	Union Security	United
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	342	0	1,433	2	623	21	707	49	0	2	343	9	0	0	481
Report the total discharges / 1,000 member mths.* * for Medicaid, Commercial & Medicare user discharges / 1,000 members per year	2.43	0.00	3.81	0.00	0.19	0.06	0.22	0.20	0.00	2.00	0.27	9.00	0.00	0.00	0.27
Report the average length of stay	7.87	0.00	8.40	9.00	8.26	2.90	7.88	9.00	0.00	11.50	7.83	22.00	0.00	0.00	8.34

Mental Health Utilization - Percentage by Level of Care

	Aetna Life	American Republic	Anthem BC-BS	Cellic	CIGNA IL & I	ConnectCare	CT General	Golden Rule	Guardian	John Alden	Oxford Health	Time	Trustmark	Union Security	United
1) Report the total number of members who received:															
a) Any Mental Health Service	22,577	17	43,265	17	19,462	2,123	21,387	1,735	11	16	10,429	102	0	0	13,297
b) Inpatient Mental Health Services	630	0	1,047	2	458	45	526	71	0	2	250	9	0	0	369
c) Intermediate Mental Health Services	464	0	655	0	361	26	392	0	0	0	161	0	0	0	290
d) Ambulatory Mental Health Services	22,473	17	42,441	7	19,397	2,119	20,200	1,728	11	15	10,379	93	0	0	13,235
2) Report the percentage of the above numbers who received the respective service:															
a) Inpatient Mental Health Services	0.24%	0.00%	0.28%	0.21%	0.21%	0.11%	0.27%	4.09%	0.00%	0.78%	0.24%	0.71%	0.00%	0.00%	0.25%
b) Intermediate Mental Health Services	0.18%	0.00%	0.17%	0.00%	0.16%	0.07%	0.16%	0.00%	0.00%	0.00%	0.15%	0.00%	0.00%	0.00%	0.20%
c) Ambulatory Mental Health Services	8.68%	100.0%	11.30%	0.74%	8.85%	5.34%	8.65%	99.60%	100.00%	5.81%	9.94%	7.29%	0.00%	0.00%	9.07%

Indemnity Managed Care Companies

Mental Health Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	Anthem BC-BS	Cellic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
Report the total number of inpatient discharges with mental health as the principal diagnosis at either a hospital or a treatment facility.	342	1,390	0	722	126	746	106	0	269	6	552
Report the total discharges / 1,000 member mths* * for Medicaid, Commercial & Medicare use: discharges / 1,000 members per year	2.43	3.73	0.00	0.21	0.21	0.20	0.50	0.00	0.30	4.17	0.31
Report the average length of stay.	7.87	8.60	0.00	9.38	9.33	9.56	7.00	0.00	8.16	25.00	9.09

Mental Health Utilization - Percentage by Level of Care

	Aetna Life	Anthem BC-BS	Cellic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
1) Report the total number of members who received											
a) Any Mental Health Service	25,185	58,119	0	23,015	3,574	23,518	1,867	15	7,732	123	14,135
b) Inpatient Mental Health Services	684	1,410	0	556	101	570	98	0	197	6	410
c) Intensive Outpatient or Partial Hospitalization Health Services	543	1,098	0	458	43	466	0	0	152	0	334
d) Outpatient or Emergency Department Health Services	25,056	57,687	0	22,915	3,558	23,413	1,847	14	7,688	121	14,074
2) Report the percentage of the above numbers who received the respective service											
a) Inpatient Mental Health Services	0.24%	0.22%	0.00%	0.22%	0.15%	0.22%	5.25%	0.00%	0.26%	0.40%	0.27%
b) Intensive Outpatient or Partial Hospitalization Health Services	0.19%	0.17%	0.00%	0.18%	0.07%	0.18%	0.00%	0.00%	0.20%	0.00%	0.22%
c) Outpatient or Emergency Department Health Services	8.89%	9.21%	0.00%	9.04%	5.08%	9.01%	98.93%	5.07%	10.33%	8.09%	9.35%

Indemnity Managed Care Companies

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	American Republic	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	Guardian	John Akken	Oxford Health	Time	Trustmark	Union Security	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	0	695	0	490	44	557	11	0	0	383	1	0	0	2,612
Report the total discharges / 1,000 member months * for Medicaid, Commercial & Medicare use: discharges / 1,000 members per year	1.38	0.00	1.77	0.00	0.15	0.13	0.18	0.05	0.00	0.00	0.31	1.00	0.00	0.00	0.23
Report the average length of stay.	5.01	0.00	5.30	0.00	5.79	7.30	5.59	4.00	0.00	0.00	4.11	19.00	0.00	0.00	6.41

Alcohol & Other Drug Services - Percentage by Level of Care

1) Report the total number of members who received care	Aetna Life	American Republic	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	Guardian	John Akken	Oxford Health	Time	Trustmark	Union Security	United
a) Any Chemical Dependency Service	3,250	0	5,734	7	2,525	369	2,935	176	0	2	1,574	2	0	0	1,809
b) Inpatient Chemical Dependency Services	727	0	1,234	0	635	75	722	15	0	0	456	1	0	0	521
c) Intermediate Chemical Dependency Services	479	0	673	0	350	18	396	0	0	0	196	0	0	0	262
d) Ambulatory Chemical Dependency Services	2,895	0	4,782	3	2,211	333	2,565	171	0	1	1,328	1	0	0	1,545
2) Report the percentage of the above numbers who received the respective service															
a) Inpatient Chemical Dependency Services	0.28%	0.00%	0.23%	0.00%	0.29%	0.19%	0.35%	8.52%	0.00%	0.00%	0.53%	0.08%	0.00%	0.00%	0.36%
b) Intermediate Chemical Dependency Services	0.19%	0.00%	0.18%	0.00%	0.16%	0.05%	0.19%	0.00%	0.00%	0.00%	0.19%	0.00%	0.00%	0.00%	0.18%
c) Ambulatory Chemical Dependency Services	1.12%	0.00%	1.27%	0.32%	1.01%	0.85%	1.34%	97.16%	0.00%	0.39%	1.27%	0.08%	0.00%	0.00%	1.06%

Indemnity Managed Care Companies

Chemical Dependency Utilization - Inpatient Discharges & Average Length of Stays

	Aetna Life	Anthem BC-BS	Cellic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	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	764	1	518	71	536	11	0	250	0	568
Report the total discharges / 1,000 member mths* * for Medicaid, Commercial & Medicare use:	1.38	2.05	0.02	0.15	0.12	0.14	0.05	0	0.28	0	0.22
discharges / 1,000 members per year											
Report the average length of stay:	5.01	5.50	2.00	5.90	5.63	5.94	4.00	0.00	4.31	0.00	6.45

Alcohol & Other Drug Services - Percentage by Level of Care

	Aetna Life	Anthem BC-BS	Cellic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
1) Report the total number of members who received care											
a) Any Chemical Dependency Service	4,064	9,152	1	3,272	636	3,351	229	2	1,149	8	2,183
b) Inpatient Chemical Dependency Services	929	1,934	1	696	110	711	29	0	303	0	568
c) Intensive Outpatient or Partial Hospitalization Health Services	528	1,086	0	456	51	463	0	1	166	1	275
d) Outpatient or Emergency Department Health Services	3,597	8,031	1	2,958	597	3,031	222	2	995	7	1,972
2) Report the percentage of the above numbers who received the respective service											
a) Inpatient Chemical Dependency Services	0.33%	0.31%	0.15%	0.27%	0.17%	0.27%	12.66%	0.00%	0.41%	0.00%	0.38%
b) Intensive Outpatient or Partial Hospitalization Health Services	0.19%	0.17%	0.00%	0.18%	0.08%	0.18%	0.00%	0.36%	0.22%	0.07%	0.18%
c) Outpatient or Emergency Department Health Services	1.28%	1.28%	0.15%	1.17%	0.90%	1.17%	96.40%	0.72%	1.34%	0.47%	1.31%

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, 2011 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. b) who had an ambulatory or intermediate mental health visit on the date of discharge up to 7 days after the hospital discharge.	Aetna Life	American Republic	Anthem BC-BS	Cellic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	Guardian	John Alden	Oxford Health	Time	Trustmark	Union Security	United
a) who had an ambulatory or intermediate mental health visit on the date of discharge up to 30 days after the hospital discharge.	77.91%	0.00%	86.40%	100.00%	83.57%	82.93%	82.86%	80.56%	0.00%	3.49%	79.65%	2.04%	0.00%	0.00%	79.82%
b) who had an ambulatory or intermediate mental health visit on the date of discharge up to 7 days after the hospital discharge.	64.00%	0.00%	72.00%	100.00%	66.19%	63.41%	61.67%	72.22%	0.00%	2.71%	62.83%	0.55%	0.00%	0.00%	68.07%

Mental Health Utilization - Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2011, who were continuously enrolled 120 days prior to the episode start date through 120 days after the start date, who were diagnosed with a new episode of depression between May 1, 2010 and Apr. 30, 2011, and treated with antidepressant medication, who had at least one of the following criteria during the 180-day period: * At least one principal diagnosis of major depression in an outpatient, ED, intensive outpatient or partial hospitalization; * 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 equivalent claim/encounter with any diagnosis of major depression. a) Who remained on antidepressant medication the entire 44 day period (12 week) acute treatment phase. b) Who remained on antidepressant medication for at least 180 days (6-month).	Aetna Life	American Republic	Anthem BC-BS	Cellic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	Guardian	John Alden	Oxford Health	Time	Trustmark	Union Security	United
a) Who remained on antidepressant medication the entire 44 day period (12 week) acute treatment phase.	65.20%	0.00%	65.20%	0.00%	71.50%	69.44%	71.94%	0.00%	0.00%	0.00%	68.87%	0.08%	0.00%	0.00%	66.41%
b) Who remained on antidepressant medication for at least 180 days (6-month).	49.27%	0.00%	50.50%	0.00%	59.11%	59.72%	55.22%	0.00%	0.00%	0.00%	53.97%	0.16%	0.00%	0.00%	51.53%

Indemnity Managed Care Companies

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

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
The percentage of discharges from a inpatient setting of an acute care facility, including acute psychiatric facilities, with a discharge date on or between Jan 1 and Dec 1, 2012 for members 6 yrs of age or 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 the hospital discharge.	81.01%	71.59%	100.00%	82.55%	86.00%	82.49%	83.33%	5.43%	84.36%	6.08%	84.95%
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 the hospital discharge.	66.14%	56.74%	100.00%	67.45%	71.00%	67.51%	64.29%	1.81%	64.80%	2.47%	73.66%

Mental Health Utilization - Antidepressant Medication Management

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
The percentage of members 18 and older as of Apr. 30, 2012, who were continuously enrolled 90 days prior to the episode start date through 345 days after the start date who were diagnosed with a new episode of depression between May 1, 2011 and Apr. 30, 2012, 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; 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).	76.56%	71.10%	0.00%	74.41%	73.66%	74.00%	0.00%	0.00%	70.41%	0.00%	69.30%
	62.31%	56.58%	0.00%	59.12%	53.66%	58.56%	0.00%	0.00%	57.40%	0.07%	54.08%

Claim Expenses -

	Aetna Life	American Republic	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	Guardian	John Alden	Oxford Health	Time	Trustmark	Union Security	United
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2011 through Dec. 31, 2011, for each of the following:															
Inpatient Mental Health	\$4.86	\$0.00	\$2.61	\$6.48	\$1.06	\$1.82	\$2.33	\$1.59	\$0.00	\$13.87	\$1.93	\$5.98	\$0.00	\$0.00	\$2.23
Inpatient Substance Abuse	\$1.99	\$0.00	\$0.44	\$0.00	\$0.10	\$0.75	\$1.99	\$0.17	\$0.00	\$0.00	\$0.65	\$1.56	\$0.00	\$0.00	\$1.48
Outpatient Mental Health	\$10.49	\$12.97	\$8.33	\$1.89	\$2.52	\$4.43	\$4.58	\$3.51	\$85.55	\$5.90	\$5.70	\$7.74	\$0.00	\$0.00	\$3.20
Outpatient Substance Abuse	\$2.52	\$0.00	\$1.00	\$0.02	\$0.74	\$1.36	\$1.14	\$0.40	\$0.00	\$0.64	\$0.69	\$0.44	\$0.00	\$0.00	\$0.40
Total of the above overall	\$19.86	\$12.97	\$12.38	\$8.39	\$4.42	\$8.36	\$10.04	\$5.67	\$85.55	\$20.41	\$8.97	\$15.72	\$0.00	\$0.00	\$7.31

Claim Denial Data

	Aetna Life	American Republic	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	Guardian	John Alden	Oxford Health	Time	Trustmark	Union Security	United
For the period of Jan. 1, 2011 through Dec. 31, 2011, provide the denials as a percent of the total claims by the following reasons:															
1) not a covered benefit	2.14%	1.56%	0.59%	4.10%	1.37%	0.51%	0.65%	12.57%	5.40%	3.32%	0.98%	2.07%	0.00%	0.00%	8.00%
2) not medically necessary	0.03%	0.00%	0.11%	0.00%	0.01%	0.06%	0.02%	0.03%	0.00%	0.13%	0.59%	0.01%	0.00%	0.00%	2.60%
3) not an eligible enrollee/dependent	46.17%	1.96%	3.00%	0.00%	0.15%	1.91%	0.11%	3.08%	11.00%	0.01%	1.85%	0.00%	0.00%	0.00%	0.70%
4) incomplete submission	0.00%	0.00%	1.30%	2.77%	0.72%	1.15%	0.27%	0.77%	0.00%	0.09%	0.73%	0.02%	0.00%	0.00%	2.50%
5) duplicate submission	0.00%	9.12%	2.80%	11.68%	7.40%	4.32%	5.79%	0.11%	6.50%	5.67%	4.23%	5.64%	0.00%	0.00%	10.10%
6) all other miscellaneous	3.55%	11.86%	8.50%	29.12%	8.78%	6.34%	7.50%	0.26%	8.60%	1.49%	12.29%	2.07%	0.00%	0.00%	24.30%

Claim Expenses -

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2012 through Dec. 31, 2012, for each of the following:											
Inpatient Mental Health	\$3.09	\$2.56	\$6.00	\$3.34	\$2.20	\$2.25	\$3.58	\$0.07	\$2.43	\$1.38	\$3.80
Inpatient Substance Abuse	\$0.28	\$0.45	\$2.44	\$0.75	\$0.70	\$0.42	\$0.75	\$0.09	\$0.54	\$1.11	\$2.34
Outpatient Mental Health	\$4.61	\$8.55	\$0.00	\$5.12	\$1.74	\$4.70	\$4.36	\$0.94	\$6.48	\$15.66	\$7.60
Outpatient Substance Abuse	\$2.18	\$1.76	\$0.01	\$0.64	\$1.21	\$0.58	\$1.04	\$1.05	\$0.91	\$0.62	\$1.25
Total of the above overall	\$10.16	\$13.32	\$2.45	\$9.85	\$5.85	\$7.95	\$9.73	\$2.15	\$10.36	\$18.77	\$14.99

Claim Denial Data

	Aetna Life	Anthem BC-BS	Celtic	CIGNA H & L	ConnectiCare	CT General	Golden Rule	John Alden	Oxford Health	Time	United
For the period of Jan. 1, 2012 through Dec. 31, 2012											
Total number of claims received for the period	1,689,259	2,073,450	2,391	527,410	1,355,043	613,891	188,365	3,683	2,244,627	17,236	4,634,889
Provide the number of denials, of the total for each of the following:											
1) not a covered benefit	63,812	11,445	5	3,876	7,502	4,671	12,932	84	22,024	356	253,036
2) not medically necessary	1,114	1,793	3	197	946	301	108	0	12,469	2	103,616
3) not an eligible enrollee/dependent	109,316	74,077	1	342	20,446	423	5,185	0	65,651	3	9,155
4) incomplete submission	0	33,309	0	251	17,266	277	1,474	5	198,679	279	35,294
5) duplicate submission	0	61,208	3	416	48,749	503	11,351	239	118,684	860	226,810
6) all other miscellaneous	100,447	196,809	22	28,650	89,692	49,781	1,453	59	117,158	225	637,248
Provide denials as a percent of the total claims for the following reasons:											
1) not a covered benefit	3.77%	0.55%	0.21%	0.69%	0.55%	0.76%	6.87%	2.28%	0.98%	2.07%	5.46%
2) not medically necessary	0.00%	0.09%	0.13%	0.04%	0.07%	0.05%	0.06%	0.00%	0.56%	0.01%	2.24%
3) not an eligible enrollee/dependent	6.47%	3.60%	0.04%	0.06%	1.51%	0.07%	2.75%	0.00%	2.92%	0.02%	0.20%
4) incomplete submission	0.00%	1.60%	0.00%	0.05%	1.27%	0.05%	0.78%	0.14%	8.85%	1.61%	0.76%
5) duplicate submission	0.00%	2.95%	0.13%	0.07%	3.60%	0.08%	6.03%	6.49%	5.29%	4.99%	4.89%
6) all other miscellaneous	5.95%	9.50%	0.92%	5.11%	6.62%	8.11%	0.77%	1.60%	5.22%	1.31%	13.75%

Utilization Review

How long does it take currently to obtain approval for inpatient services?

➤ Again, please note Public Act 13-3:

§§ 71 & 73(c) — Benefit Determination

By law, the amount of time a health carrier has to make a benefit determination depends on whether or not it is an urgent request. In general, carriers must make a determination within 15 calendar days for non-urgent requests and within 72 hours for urgent requests.

The act treats as urgent those requests for services or treatments for (1) substance use disorders or co-occurring mental disorders and (2) mental disorder-related inpatient services, partial hospitalization, residential treatment, or intensive outpatient services needed to keep a covered person from requiring an inpatient setting.

It requires the carrier to make its determination as soon as possible, **but no later than 24 hours after it receives a service or treatment request for these disorders.** The 24-hour deadline does not apply if the covered person or his or her representative fails to provide the information the carrier needs to make its determination. If the request is to extend a course of treatment beyond the initial period or number of treatments, the request must be made at least 24 hours before the initial authorization expires.

Utilization Review Continued....

Do all mental health services claims require utilization review? Please identify which do and which do not.

➤ Any claim may end up requiring UR, all claims do not require UR. This may vary according to the terms of the policy the employer has chosen, network status of the provider or acuity of services. Typical plans require prior authorization or notification of admission and concurrent demonstration of continuing medical need for clinical coverage determinations:

- IP
- RTC
- PHP
- IOP
- Non-routine OP
- psychological testing
- neuropsychological testing
- outpatient electroconvulsive therapy
- biofeedback
- amytal interview (truth serum)
- applied behavior analysis (ABA)
- psychiatric home care services
- outpatient detoxification

Non-routine OP services may include OP ECT, extended session time, etc. Carriers do not typically require prior authorization or concurrent review for routine OP visits. However, unusual claims patterns for OP services may lead to a clinical review (for instance, Adjustment Disorder diagnosis with 3x per week psychotherapy for 3 years).

Parity

How do private health insurance companies ensure they are compliant with the federal and state mental health parity laws?

- Carriers utilize tools developed to facilitate the comparison of a given benefit plan's terms and conditions which are subject to state and federal parity requirements. The tools utilized include compliance checklists and regulatory guidance issued by federal and state regulators and internal comparative tools that are used to capture the provisions of benefits plans (both quantitative limits such as day limits, episode limits, financial requirements like deductibles and copayments etc. as well as non-quantitative limits such as medical necessity, prior authorization, utilization review processes, etc.) both from a medical/surgical and a mental health/substance use disorder perspective to identify areas where the terms and conditions are not aligned or comparable and may be non-compliant and require adjustment to meet regulatory requirements. The output of these tools is used to inform necessary benefit plan design and operations changes necessary to comply with federal and state regulations for parity. All carriers have audit and compliance programs in place.
- Furthermore, Public Act 13-3 Section 79 required the insurance commissioner, by September 15, 2013, to seek input from stakeholders on methods the department might use to check for compliance with state and federal mental health parity laws by health insurance companies and other entities under its jurisdiction. Under the act, the stakeholders must at least include the Healthcare Advocate, health insurance companies, health care professionals, and behavioral health advocacy groups. The department must post notice of the request for input on its website and provide for written public comment for 30 days following the posting. The posting must include the date the public comment period closes and information on how to submit comments. By January 1, 2014, the insurance commissioner must issue a report and provide an educational presentation to the Insurance and Real Estate and Public Health committees. The report and presentation must:
 - cover the methodology the department is using to check for compliance with the interim or final regulations or guidance, whichever is in effect, published by the U. S. Department of Health and Human Services relating to compliance and oversight requirements of federal law on mental health parity;
 - cover the methodology the department is using to check for compliance with state law on mental health parity; and
 - detail the department's regulatory and educational approaches relating to the financing of mental health services in Connecticut.

In addition, the report must describe and address any public comments the department received. By February 1, 2014, the committees must hold a joint public hearing on the report.

Protocols

On what standards are the private insurance companies' protocols based? When were the protocols last updated? Please provide copies of each company's current protocols.

➤ **Public Act 13-3**

§ 72(a) By law, each carrier must contract with health care professionals to administer its utilization review program. Utilization review uses formal techniques to monitor the use of health care services or evaluate their medical necessity, appropriateness, efficacy, or efficiency.

By law, each program must use documented clinical review criteria based on sound clinical evidence. The act sets specific requirements for clinical review criteria for utilization review involving substance use or mental disorders. It provides that, for substance use disorders, the default criteria are those in the most recent edition of the American Society of Addiction Medicine's Patient Placement Criteria. For child or adolescent mental disorders, the default criteria are the most recent guidelines in the American Academy of Child and Adolescent Psychiatry's Child and Adolescent Service Intensity Instrument. For adult mental disorders, the default criteria are the most recent (1) guidelines of the American Psychiatric Association or (2) standards and guidelines of the Association of Ambulatory Behavioral Healthcare.

In each case, the carrier can use other criteria that it demonstrates are consistent with the default criteria. But if the carrier does this, it must create and maintain a document in an easily accessible location on its website that:

1. compares each aspect of its criteria with the default criteria and
2. provides citations to peer-reviewed medical literature generally recognized by the relevant medical community or professional society guidelines that justify each deviation from the default criteria.

EFFECTIVE DATE: October 1, 2013

§ 73(a)(3) — Conference on Adverse Determination

The act allows a carrier to offer a covered person's health care professional an opportunity to confer with a clinical peer of the carrier under certain circumstances. This provision applies:

**** Protocols, to the extent they deviate, are posted on plan websites.**

Commercially Funded Behavioral Health Partnership

Association Concerns

- Oppressive amount of assessments currently levied on CT carriers.
 - Funding for the CID: \$30 plus million
 - Funding for the immunization fund: \$30 plus million
 - Funding for the Exchange: \$75 million
 - Funding for the APCD: \$5 to \$10 million
- Required Medical Loss Ratio

Commercially Funded Behavioral Health Partnership Association concerns continued...

- No simple computation of assessment:
 - Point in time enrollment not reflective of premium year. Causes disruption in underwriting and forecasting.
 - Assessment mechanisms don't always include all populations. For many years the fully insured market subsidized the self insured market under the immunization fund. Questionable ability to assess the self insured market based on ERISA.
 - Carrier fiduciary responsibility to members. Reconciliation process? Responsible authority? Carriers, and their constituents, can't pay twice for the same service: once via a claim and once via an assessment.
 - Mandatory provider participation is linchpin of immunization fund based on the premise that the state accesses the best discounted rates. Would we assume a Medicaid rate under a commercial BHP? Anticipate tremendous provider push-back.
 - Significant impact on the Health Insurance Exchange.
- Carriers are in a major transition period and would respectfully oppose any move in this direction.

Conclusion