The Connecticut Physicians Survey

1. Please provide the approximate percentage of your patients who are insured by the following companies:

Insurance Company	**Percentage of patients insured (mean %)**
Physicians Health Services of CT, Inc.	18%
Anthem Blue Cross/Blue Shield of CT, Inc.	20%
ConnectiCare, Inc.	10%
Aetna/US Healthcare	11%
Oxford Health Plan (CT), Inc.	6%
HealthChoice of CT	5%
MedSpan Health Options, Inc.	5%
CIGNA HealthCare of CT, Inc.	9%
WellCare of Connecticut, Inc.	3%
Prudential Health Care Plan of CT, Inc.	3%
Other Companies	10%

1. For each of the following companies, please indicate a) if you contract with that company, if you do contract with that company, please indicate b) if that company requires your participation in every offered plan, and c) if you are compensated at a capitated rate (as opposed to a fee-for-service basis) by that company.

Insurance Company	**A) Contract with company (% yes)**	**B) Require your participation in every offered plan (all-products) (% yes)**	**C) Compensate you at a capitated rate (as opposed to fee-for-service basis) (% yes)**
Physicians Health Services of CT, Inc.	82%	49%	8%
Anthem Blue Cross/Blue Shield of CT, Inc.	83%	35%	11%
ConnectiCare, Inc.	72%	43%	13%
Aetna/US Healthcare	75%	67%	29%
Oxford Health Plan (CT), Inc.	70%	43%	9%
HealthChoice of CT	74%	39%	6%
MedSpan Health Options, Inc.	75%	37%	6%
CIGNA HealthCare of CT	77%	46%	11%

WellCare of Connecticut, Inc.	46%	38%	7%
Insurance Company	**A) Contract with company (% yes)**	**B) Require your participation in every offered plan (all-products) (% yes)**	**C) Compensate you at a capitated rate (as opposed to fee-for-service basis) (% yes)**
Prudential Health Care Plan of CT, Inc.	38%	31%	8%
Other Companies	88%	47%	9%

1. Are there any insurers with whom you have previously contracted, but in whose plans you choose to no longer participate?

(N=640)

1) Yes 38%
2) No (skip to question 5) 62%

1. Please name the insurers in whose plans you choose to no longer participate and the basis for your decision to decline further participation. (Please list 3 most recent)

(N=220)

Name of Insurer/Plan	
Physicians Health Services of CT	14%
Anthem Blue Cross/Blue Shield of CT	14%
ConnectiCare	13%
Aetna/US Healthcare	23%
Oxford Health Plan (CT)	13%
HealthChoice of CT	3%
MedSpan Health Options	4%
CIGNA Healthcare of CT	5%
Wellcare of CT	10%
Prudential Health Care Plan of CT	4%
Medicare	2%
Medicaid	4%
United Healthcare	2%
Welfare (Title XIX)	1%
Kaiser	3%
All COS	1%
Other	33%

(N=211)

Basis for your decision (General)	
Didn't pay bills/Reimbursement problems	53%
Capitation	8%
All or nothing clause (all-products)	2%
Poor fee schedule	8%
Contract difficulties	11%
Authorization difficulties	8%
Communication difficulties	1%
Low fees/Fees reduced	12%
Difficult to deal with/poor management/ poor customer service	11%
Not doctor friendly/Interfere with doctor's decisions	3%
Other	28%

***Percentages total more than 100% due to multiple response**

1. Are there any companies that you currently contract with but would prefer to drop if possible?

(N=591)

1) Yes 55%

2) No (skip to question 6) 45%

5a. Please name the insurers and explain why you would like to drop them and the reason why you have not done so.

(N=334)

Name of Insurer	
Physicians Health Services of CT	38%
Anthem Blue Cross/Blue Shield of CT	13%
ConnectiCare	9%
Aetna/US Healthcare	40%
Oxford Health Plan (CT)	8%
HealthChoice of CT	3%
MedSpan Health Options	2%
Wellcare of CT	2%
CIGNA Healthcare of CT	15%
Prudential Health Care Plan of CT	1%
Medicare	2%
Medicaid	2%
United Healthcare	2%
All companies	8%
PHCS	*
Other	11%

*Less than 1%

***Percentages total more than 100% due to multiple response**

(N=328)

Reason you want to drop them (General)	
Poor/slow payment/reimbursement	59%
Low paying/Not enough money	16%
Poor fee schedule	5%
Too much paperwork/bureaucracy	12%
Claim denials/poor claims handling	12%
Referral problems	8%
Interfere with doctors' decisions	2%
Difficult to deal with/poor management & communication	18%
Other	
All or nothing clause/All products clause	1%
Capitation	6%
Poor/lower quality of care to patients	4%
Contract problems	2%
Other	13%

(N=289)

Reason why you have not done so (General)	
Patient convenience	55%
Large percentage of practice/would lose money	36%
In negotiations	7%
Tied to contract or all-products clause	11%
Planning to drop soon/In the process of dropping	10%
Have many outstanding claims	2%
Other	23%

***Percentages total more than 100% due to multiple response**

1. Are there any companies that have refused to renew your contract? If so, for each, please check the box that corresponds with the company's stated reason for your non-renewal:
****N sizes too low for analysis (highest N=2)***

Insurance Company	**Too high a Rate**	**Too high a utilization rate**	**Malpractice claims**	**Poor quality of care**	**Other**
Physicians Health Services of CT, Inc.					
Anthem Blue Cross & Blue Shield of Connecticut, Inc.					
ConnectiCare, Inc.					
Aetna/US Healthcare					
Oxford Health Plan (CT), Inc.					
HealthChoice of CT					
MedSpan Health Options, Inc.					
CIGNA HealthCare of CT, Inc.					
WellCare of Connecticut, Inc.					
Prudential Health Care Plan of CT, Inc.					
Other Companies					

7a. Do you place restrictions on the number or percentage of patients in your practice who are insured by particular companies?
(N=655)
1) Yes 9%
2) No (skip to question7c) 91%

7b. If yes, please identify those companies and the reason for your limiting the number or percentage of patients insured by them.

Insurance Company	**Adequacy of compensation (% yes)**	**Responsive-ness to physician requests for authorization (% yes)**	**Responsive-ness to appeals from denials of authorization (% yes)**	**Prompt-ness of payment (% yes)**	**Overall ability to support medically necessary care (% yes)**	**Other (% yes)**
Physicians Health Services of CT,Inc.	3% (N=20)	2% (N=12)	1% (N=8)	1% (N=7)	1% (N=7)	* (N=2)
Anthem Blue Cross &	2%	1%	1%	1%	2%	*

Blue Shield of Connecticut, Inc.	(N=16)	(N=8)	(N=6)	(N=6)	(N=11)	(N=2)
ConnectiCare, Inc.	2% (N=11)	1% (N=7)	* (N=3)	1% (N=4)	1% (N=7)	0% (N=0)
Aetna/US Healthcare	4% (N=24)	3% (N=18)	2% (N=11)	2% (N=11)	2% (N=14)	1% (N=6)
Oxford Health Plan(CT)	1% (N=9)	1% (N=5)	1% (N=4)	1% (N=7)	1% (N=5)	0% (N=0)
Insurance Company	**Adequacy of compensation (% yes)**	**Responsive-ness to physician requests for authorization (% yes)**	**Responsive-ness to appeals from denials of authorization (% yes)**	**Prompt-ness of payment (% yes)**	**Overall ability to support medically necessary care (% yes)**	**Other (% yes)**
HealthChoice of CT	1% (N=6)	* (N=3)	* (N=2)	* (N=2)	* (N=3)	* (N=2)
MedSpan Health Option	1% (N=6)	1% (N=5)	* (N=3)	* (N=1)	* (N=4)	* (N=2)
CIGNA HealthCare of CT, Inc.	2% (N=10)	1% (N=7)	* (N=5)	* (N=1)	1% (N=6)	* (N=3)
WellCare of Connecticut, Inc.	* (N=3)	1% (N=4)	* (N=3)	* (N=3)	1% (N=4)	* (N=1)
Prudential Health Care Plan of CT, Inc.	* (N=3)	* (N=2)	* (N=1)	0% (N=0)	* (N=3)	0% (N=0)
Other Companies	2% (N=15)	* (N=3)	* (N=2)	1% (N=5)	* (N=3)	* (N=2)

* Less than 1%

7c. Do you place restrictions on the number or percentage of patients in your practice who are covered by Medicaid or Medicare? (Please circle yes or no for each)

	Medicaid (N=635)		*Medicare (N=602)*
Yes	35%	Yes	10%
No	65%	No	90%

7d. If yes, please identify the reasons for your limiting the number or percentage of patients covered by each plan.

Insurance Company	**Adequacy Of compensation**	**Responsive-ness to physician requests for authorization**	**Responsive-ness to appeals from denials of authorization**	**Prompt-ness of payment**	**Overall ability to support m necessary care**	**Other**
Medicaid	31%	7%	8%	10%	12%	10%
Medicare	8%	2%	2%	2%	4%	3%

8. Have you ever declined to take on a new patient for routine medical service because the patient was insured by a particular company or covered by a particular plan?

(N=637)

1) Yes 31%
2) No 69%

9. Have you ever declined to take on a new seriously ill patient solely because that patient was insured by a particular company or covered by a particular plan?

(N=659)

1) Yes 13%
2) No (skip to question 10) 87%

9a. Approximately how many times over the past three years?

Mean=17, Median =10

9b. For each new patient you declined, please identify the company, if the patient had a serious illness or not, and give a brief reason why you declined that patient.

(N=80)

Name of Insurer

Physicians Health Services of CT	15%
Anthem Blue Cross/Blue Shield of CT	16%
ConnectiCare	11%
Aetna/US Healtcare	26%
Oxford Health Plan (CT)	6%
HealthChoice of CT	1%
MedSpan Health Options	3%
Wellcare of CT	3%
CIGNA Healthcare of CT	15%
Medicare	14%
Medicaid	41%
United Healthcare	3%
Kaiser	3%
All companies	8%
Other	21%

***Percentages total more than 100% due to multiple response**

(N=67)

Serious illness (overall)

Yes 58%
No 42%

(N=83)

Reasons for declining (General)

Don't participate with insurance company 65%

Low rates/Low compensation	36%
No alternative method of payment	10%
Bills not paid/not being reimbursed	21%
Authorization problems	5%
Capitation problems	2%
Other	35%

***Percentages total more than 100% due to multiple response**

10. If you do not currently contract with any insurance companies that require an all-products clause, would you contract with such an insurer in the future?

(N=584)

1) Yes 9%
2) No 34%
3) Not sure 43%

11. Overall, do you favor or oppose all-products clause requirements, or don't you have an opinion?

(N=658)

1) Favor (skip to question 14) 4%
2) Oppose 70%
3) No opinion (skip to question 14) 26%

ONLY ANSWER QUESTIONS 12-13B IF YOU OPPOSE ALL-PRODUCTS CLAUSE REQUIREMENTS.

12. If you oppose an all-products type clause – a clause that requires you to participate in all the types of plans offered by a company - which types of plans offered by insurers would you accept and which would you decline to participate in?

	Accept	**Decline**
Fee-for-service (N=450)	97%	3%
Capitated plans (N=435)	10%	90%
Point-of-service plans (N=431)	90%	10%
Point-of-entry plans (N=366)	70%	30%
Medicare plans (N=402)	78%	22%
Medicaid plans (N=427)	40%	60%
Other (N=20)	20%	80%

13a. If you oppose an all-products type clause, would you contract with an insurer who made this a requirement?

(N=461)

1) Yes 34%
2) No (skip to question 14) 66%

13b. What would be the one or two most important reasons that would lead you to sign this type of

contract?
(N=191)

Fair rate of pay/Fee schedule/Reimbursement plan	28%
Percentage of patients covered	28%
Market prevalence/Market pressure	19%
Required/Forced to participate	12%
None/Nothing	5%
Financial agreement/Contract	6%
No capitation	2%
Other	25%

***Percentages total more than 100% due to multiple response**

14. What impact do you believe working under an all-products clause has on the quality of care delivered by a physician? Does it have a:

(N=602)

1)	Strong positive impact	2%
2)	Somewhat positive impact	2%
3)	No impact	31%
4)	Somewhat negative impact	39%
5)	Strong negative impact	27%

15. Comparing patients whose insurance companies require you to operate under an all-products clause with patients whose insurance companies do not have such a requirement, would you say those patients insured under the all-products clause receive:

(N=566)

1)	A much higher quality of medical care	*
2)	A somewhat higher quality of medical care	2%
1)	About the same quality of medical care	63%
2)	A somewhat lower quality of medical care	25%
3)	A much lower quality of medical care	10%

*Less than 1%

16. Have you signed a contract containing an all-products clause?

(N=616)

1)	Yes	45%
2)	No	55% (skip to question 17)

16a. What has been the impact of the all-products clause on the quality of care you are able to deliver to your patients? Has the quality:

(N=344)

1)	Increased	*
2)	Decreased	21%
3)	Had no impact	78%

* Less than 1%

16b. Do you anticipate that the all-products clause will result in a higher quality of care for your patients, a lower quality of care for your patients, or will it have no effect on the quality of care your patients receive?

(N=368)

1)	Higher quality of care	*

2) Lower quality of care 41%
3) No effect on quality of care 59%
* Less than 1%

16c. As a result of the all-products clause, would you say you refer patients for out-of-plan treatment, when that treatment is medically necessary, at a greater frequency, lesser frequency, or at the same frequency as you do in cases without an all-products clause?

(N=337)

1) Greater frequency 8%
2) Lesser frequency 13%
3) Same frequency 79%

16. Do you believe that medical care in the United States is better under managed care than it was under fee-for-service, worse under managed care than it was under fee-for-service, or hasn't the change from fee-for-service to managed care made a difference?

(N=661)

1) Better 5%
2) Worse 88%
3) No difference 8%

16. Do you believe that managed care has had a strong positive impact, somewhat positive impact, no impact, somewhat negative impact, or strong negative impact on the quality of care your patients receive?

(N=665)

1) Strong positive impact 1%
2) Somewhat positive impact 5%
3) No impact 11%
4) Somewhat negative impact 42%
5) Strong negative impact 41%

19. If you could change one aspect of managed care, what would it be?

(N=322)

1) No pre-authorizations/gatekeepers (ex. for referrals) 25%
2) Let doctors make decisions on case by case/care based on patient needs 17%
3) Less paperwork/bureaucracy/hassle 16%
4) Get rid of it 14%
5) Compensation 6%
6) More care, less money 5%
7) Other 18%

20. Overall, do you think the effects of the capitation payment plan have been positive, negative, or do you think they've made no difference?

(N=593)

1) Positive 3%
2) Negative (skip to question 20b) 83%
3) No difference (skip to question 21) 14%

20a. Please describe what you believe are some of the positive aspects of the capitation payment plan.

(N=333)

1) None/No benefit 55%
2) Cost effectiveness/Reduces medical costs 22%
3) Reduces/Eliminates unnecessary or excess tests 9%
4) Only positive for insurance companies 8%
5) More money to doctors 4%
6) Other 10%

***Percentages total more than 100% due to multiple response**
(skip to question 21)

20b. Please describe what you believe are some of the negative aspects of the capitation payment plan. (N=458)

Not enough emphasis on medical care (outcome of care) 42%
Doesn't pay enough/Lack of incentive to go the extra mile
lack of money 33%
Less time with patients/too many patients 15%
Lack of ethics 7%
Lack of doctor discretion 5%
Overuse by patients/abuse by patients 4%
Other 21%

***Percentages total more than 100% due to multiple response**

20. How much of a difference do you believe there is in the medical care patients receive if their managed care company pays doctors on a capitated rate rather than a fee-for-service rate? Is there a:

(N=606)

1) Strong positive difference 1%
2) Somewhat positive difference 2%
3) No difference 18%
4) Somewhat negative difference 42%
5) Strong negative difference 37%

20. Comparing patients for whom you are paid a capitated rate to those for whom you are paid on a fee for-service basis, would you say that those for whom you are paid a capitated rate receive a much greater quality of medical care, a somewhat greater quality of medical care, about the same quality of medical care, a somewhat lower quality of medical care, or a much lower quality of medical care?

(N=400)

1) Much higher quality of care (skip to question 22b) 1%
2) Somewhat higher quality of care (skip to question 22b) 2%
3) About the same quality of care (skip to question 22b) 61%
4) Somewhat lower quality of care 22%
5) Much lower quality of care 14%

22a. If the patients for whom you are paid a capitated rate have received a lower quality of care please

indicate, over the past three years, the approximate number of times this has happened and the reasons why.

Approximate number of times in past three years: Mean = 42, Median=14
(N=260)
Reasons:

Choose cheaper tests/fewer tests	6%
Poor referrals/slow referral rate	4%
PCP reluctant to send patient to specialist	4%
Patients treated over the phone	3%
Authorization problems	1%
Not enough/any compensation	1%
Other	9%
Do not participate in capitated plans	76%

***Percentages total more than 100% due to multiple response**

22b. Comparing patients for whom you are paid a capitated rate to those for whom you are paid on a fee-for-service basis, would you say that those for whom you are paid a capitated rate receive:
(N=352)

1)	Much more access to medical testing	1%
2)	Somewhat more access to medical testing	3%
3)	About the same degree of access to medical testing	47%
4)	Somewhat less access to medical testing	32%
5)	Much less access to medical testing	17%

20. Under those plans which pay you at a capitated rate, has your income:
(N=301)

1)	Greatly increased	1%
2)	Somewhat increased	3%
3)	Stayed the same	22%
4)	Somewhat decreased	46%
5)	Greatly decreased	28%

23a. Do you feel that you are adequately compensated by these capitated plans?
(N=326)

1)	Yes	10%
2)	No	90%

23b. Under those plans which pay you at a capitated rate, has the number of patients you see on an annual basis greatly increased, somewhat increased, stayed the same, somewhat decreased, or greatly decreased?
(N=298)

1)	Greatly increased	8%
2)	Somewhat increased	26%
3)	Stayed the same	46%
4)	Somewhat decreased	13%
5)	Greatly decreased	6%

20. Do you schedule patients for treatment whose insurance companies pay you on a capitated rate more frequently, less frequently, or with the same frequency that you schedule patients whose insurance

companies pay you on a fee-for-service basis?

(N=324)

1) More frequently 2%
2) Less frequently 21%
3) Same frequency 77%

20. On average, would you say that you spend more time, less time, or about the same amount of time per patient visit with patients on a capitated rate as with patients on a fee-for-service rate?

(N=343)

1) More time 1%
2) Less time 19%
3) About the same amount of time 80%

20. Do you diagnose illnesses or prescribe medications on the telephone?

(N=614)

1) Yes 51%
2) No (skip to question 27) 49%

26a. If yes, do you do this more often, less often, or about the same amount with patients on a capitated rate than with patients on a fee-for-service rate?

(N=202)

1) More often 20%
2) Less often 4%
3) About the same 76%

20. Please indicate if the following aspects of managed care interfere with a doctor's ability to provide medical care to patients and/or result in a compromise of your patient's medical care? (Please circle yes or no for each)

	Interfere with a doctor's ability to provide medical care to patients (% yes)	**Result in a compromise of your p medical care (% yes)**
Gatekeeper process	80%	70%
Payment method – fee-for-service rate	10%	8%
Payment method – capitated rate	69%	64%
All-products clause	61%	54%
Formulary	89%	85%
Procedure approval process	92%	84%
Other	89%	88%

28. Has patient care been compromised due to denial of access to testing, specialists, particular hospitals, particular procedures, or particular prescription drugs under the following types of plans?

	Access to testing (% yes)	**Access to specialists (% yes)**	**Access to particular hospitals (% yes)**	**Access to particular procedures (% yes)**	**Access to particular prescription drugs (% yes)**
Capitated Plan	78%	83%	74%	80%	89%
Fee-for-service plan	24%	25%	26%	31%	43%
Medicare	33%	24%	19%	37%	46%
Medicaid	44%	56%	31%	50%	62%

29. Have you specifically altered the medical treatment you gave to a patient due to the financial pressure exerted by the medical plan which covered that patient?

(N=649)

1) Yes 47%
2) No (skip to question 30) 53%

29a. If yes, approximately how many times have you done this over the past three years?

Mean = 76, Median=20

29b. Did the change in medical treatment impact the patient's care? If so, was it a strong positive impact, somewhat positive impact, somewhat negative impact, or a strong negative impact?

(N=328)

1) Strong positive impact 1%
2) Somewhat positive impact 3%
3) No impact 11%
4) Somewhat negative impact 69%
5) Strong negative impact 15%

30. What has your experience been getting managed care companies to recognize outliers? Has it been:

(N=517)

1) Very easy *
2) Somewhat easy 2%
3) Neither easy nor difficult 25%
4) Somewhat difficult 38%
5) Very difficult 35%

31. Do you generally receive adequate compensation for outliers that enables you to provide them with appropriate care?

(N=440)

1) Yes 29%
2) No 71%

32. Please list the companies that you contract with that do not easily recognize outliers and/or do

not provide adequate compensation to give outliers adequate care.
(N=197)

Name of Insurer		*Did not easily Recognize (Overall)*	*Do not provide adequate compensation (Overall)*
Physicians Health Services of CT	40%	79%	
Anthem Blue Cross/Blue Shield of CT	23%		
ConnectiCare	17%		70%
Aetna/US Healthcare	42%		
Oxford Health Plan (CT)	17%		
HealthChoice of CT	3%		
MedSpan Health Options	3%		
CIGNA Healthcare of CT	26%		
Prudential Health Care Plan of CT	1%		
Medicare	7%		
Medicaid	6%		
United Healthcare	2%		
Welfare (Title XIX)	1%		
All companies	22%		
Other	16%		

***Percentages total more than 100% due to multiple response**

33. Based on treatment decisions you've made, have you ever:

	% yes	**Please identify the latest 3 companies**
RECEIVED a financial incentive from an insurer based on treatment decisions you've made	8%	(N=35) Physicians Health Services of CT 26% Anthem Blue Cross/Blue Shield of CT 23% ConnectiCare 29% Aetna /US Healthcare 54% Oxford Health Plan of CT 9% CIGNA HealCare of CT 26% Medicare 6% Kaiser 3% All 6% Other 11%

BEEN DENIED a financial incentive from an insurer based on treatment decisions you've made	14%	(N=51) Physicians Health Services of CT 33% Anthem Blue Cross/Blue Shield of CT 16% ConnectiCare 10% Aetna /US Healthcare 42% Oxford Health Plan of CT 12% HealthChoice of CT 2% Medspan Health Options 2% CIGNA HealCare of CT 16% Prudential Health Care Plan of CT 2% Medicare 8% Medicaid 4% All companies 8% Other 6%

RECEIVED a financial penalty from an insurer based on treatment decisions you've made	19%	(N=70) Physicians Health Services of CT 40% Anthem Blue Cross/Blue Shield of CT 20% ConnectiCare 20% Aetna/US Healthcare 28% Oxford Health Plan of CT 11% MedSpan Health Options 1% CIGNA HealCare of CT 17% Prudential Health Care Plan of CT 1% Medicare 11% Medicaid 1% United Health Care 1% All companies 4% Other 10%

***Percentages total more than 100% due to multiple response**

34. Have you ever refrained from ordering a medically appropriate service because of the possibility of a financial incentive or a financial penalty?

(N=634)

1) Yes 7%
2) No (skip to question 35) 93%

34a. If so, approximately how many times over the past three years?

Mean= 12, Median=10

35. Overall, how confident are you in the accuracy of the reimbursement you receive from insurers, very confident, somewhat confident, not very confident or not at all confident?

(N=601)

1) Very confident 3%
2) Somewhat confident 19%
3) Not very confident 38%
4) Not at all confident 41%

36. Overall, how confident are you that the insurance companies that you contract with provide adequate opportunity to verify the accuracy of your reimbursement? Are you:

(N=604)

1) Very confident 2%
2) Somewhat confident 20%
3) Not very confident 40%
4) Not at all confident 37%

37. Please rate the following companies as excellent, good, fair, or poor in each of the five categories. Please use the following scale to rate the companies: Excellent=1, Good=2, Fair=3, Poor=4.

Physicians Health Services

	Adequacy of the compensation	**Responsive-ness to physician requests for authorization**	**Responsive-ness to appeals from denials of authorization**	**Promptness of payment**	**Overall ability to support medically necessary care**
Excellent	2%	4%	4%	4%	3%
Good	21%	28%	18%	24%	31%
Fair	34%	35%	29%	34%	40%
Poor	44%	33%	50%	38%	26%

Anthem Blue Cross & Blue Shield of Connecticut, Inc.

	Adequacy of the compensation	**Responsive-ness to physician requests for authorization**	**Responsive-ness to appeals from denials of authorization**	**Promptness of payment**	**Overall ability to support medically necessary care**
Excellent	8%	14%	9%	23%	12%
Good	38%	43%	38%	37%	48%
Fair	33%	29%	31%	23%	29%
Poor	21%	14%	23%	17%	11%

ConnectiCare, Inc.

	Adequacy of the compensation	**Responsive-ness to physician requests for authorization**	**Responsive-ness to appeals from denials of authorization**	**Promptness of payment**	**Overall ability to support medically necessary care**
Excellent	5%	10%	7%	6%	7%
Good	27%	37%	31%	35%	40%
Fair	37%	35%	38%	35%	36%

Poor	31%	19%	25%	23%	17%

Aetna

	Adequacy of the compensation	**Responsive-ness to physician requests for authorization**	**Responsive-ness to appeals from denials of authorization**	**Promptness of payment**	**Overall ability to support medically necessary care**
Excellent	4%	4%	2%	4%	4%
Good	22%	27%	20%	26%	27%
Fair	29%	36%	34%	33%	39%
Poor	45%	33%	43%	37%	30%

Oxford Health Plan (CT)

	Adequacy of the compensation	**Responsive-ness to physician requests for authorization**	**Responsive-ness to appeals from denials of authorization**	**Promptness of payment**	**Overall ability to support medically necessary care**
Excellent	3%	3%	3%	7%	4%
Good	19%	36%	27%	26%	33%
Fair	40%	37%	38%	36%	40%
Poor	39%	24%	32%	31%	23%

Health Choice of Connecticut

	Adequacy of the compensation	**Responsive-ness to physician requests for authorization**	**Responsive-ness to appeals from denials of authorization**	**Promptness of payment**	**Overall ability to support medically necessary care**
Excellent	4%	5%	5%	2%	5%
Good	32%	42%	33%	26%	41%

Fair	40%	39%	42%	39%	39%
Poor	24%	14%	20%	32%	15%

Medspan Health Options, Inc.

	Adequacy of the compensation	**Responsive-ness to physician requests for authorization**	**Responsive-ness to appeals from denials of authorization**	**Promptness of payment**	**Overall ability to support medically necessary care**
Excellent	4%	10%	7%	6%	6%
Good	37%	40%	36%	42%	45%
Fair	40%	37%	38%	39%	40%
Poor	19%	13%	19%	13%	9%

CIGNA Healthcare of CT, Inc.

	Adequacy of the compensation	**Responsive-ness to physician requests for authorization**	**Responsive-ness to appeals from denials of authorization**	**Promptness of payment**	**Overall ability to support medically necessary care**
Excellent	4%	5%	3%	4%	5%
Good	29%	35%	27%	34%	36%
Fair	41%	35%	38%	37%	42%
Poor	27%	25%	33%	25%	17%

WellCare of Connecticut, Inc.

	Adequacy of the compensation	**Responsive-ness to physician requests for authorization**	**Responsive-ness to appeals from denials of authorization**	**Promptness of payment**	**Overall ability to support medically necessary care**

Excellent	1%	1%	1%	0%	2%
Good	11%	20%	18%	15%	22%
Fair	36%	42%	42%	32%	40%
Poor	52%	37%	39%	53%	36%

Prudential Health Care Plan of CT.

	Adequacy of the compensation	**Responsive-ness to physician requests for authorization**	**Responsive-ness to appeals from denials of authorization**	**Promptness of payment**	**Overall ability to support medically necessary care**
Excellent	3%	4%	3%	3%	2%
Good	26%	29%	22%	27%	34%
Fair	36%	45%	41%	45%	42%
Poor	35%	22%	35%	25%	22%

Other Companies

	Adequacy of the compensation	**Responsive-ness to physician requests for authorization**	**Responsive-ness to appeals from denials of authorization**	**Promptness of payment**	**Overall ability to support medically necessary care**
Excellent	6%	14%	11%	9%	12%
Good	25%	44%	29%	28%	35%
Fair	30%	20%	30%	26%	27%
Poor	38%	21%	29%	36%	25%

Please indicate if you agree or disagree with each of the following.

38. I am personally aware of cases in which a patient died as a direct result of their insurer significantly altering care I believe was medically necessary.

(N=540)

1) Strongly agree 11%
2) Somewhat agree 17%
3) Somewhat disagree 26%
4) Strongly disagree 46%

39. I am personally aware of cases in which a patient died as a direct result of their insurer refusing to approve care I believe was medically necessary.

(N=526)

1) Strongly agree 11%
2) Somewhat agree 15%
3) Somewhat disagree 25%
4) Strongly disagree 50%

40. I am personally aware of cases in which a patient died as a direct result of their insurer delaying care I believe was medically necessary.

(N=527)

1) Strongly agree 12%
2) Somewhat agree 17%
3) Somewhat disagree 25%
4) Strongly disagree 45%

41. Have you experienced significant problems with the "pre-authorization" or "pre- certification" process? (Please rank on a scale of 1 to 5, with 1 being no problems and 5 being frequent problems).

Managed Care Organization	**Decisions made by nurses, not physicians (mean)**	**Access to medical director denied (mean)**	**Denials of procedures which you view as medically necessary (mean)**	**Denials of prescription drugs which you view as medically necessary (mean)**
Physicians Health Services	3.5	3.0	3.2	3.5
Anthem Blue Cross/Blue Shield	2.9	2.6	2.6	2.7
ConnectiCare	3.0	2.7	2.7	2.9
Aetna U.S. Healthcare	3.5	3.1	3.1	3.3
Oxford Health Plan (CT)	3.3	2.9	2.9	3.0
HealthChoice	2.8	2.6	2.5	2.7
Medspan	2.7	2.5	2.5	2.6
CIGNA	3.2	2.9	3.0	3.3
WellCare	3.5	3.1	3.0	3.1
Prudential	3.2	2.7	2.8	2.7
Other Companies	2.7	3.1	2.6	2.5

42. Has a company you contract with decided to eliminate prior authorization?

(N=575)

1) Yes 31%
2) No (skip to question 43) 69%

42a. If yes, overall has the decision to eliminate prior authorization been:

(N=196)

1) A very significant improvement 50%
2) A somewhat significant improvement 31%
3) Not much of an impact 14%

4) A somewhat significant decline 2%
5) A very significant decline 3%

43. Would you like to see other insurers eliminate "pre-authorization" or "pre-certification"? (N=627)

1) Yes 93%
2) No 2%
3) Doesn't matter 5%

44. Have you experienced procedural problems with the "pre-authorization" or "pre-certification" process? (Please rank on a scale of 1 to 5, with 1 being no problems and 5 being frequent problems).

Managed Care Organizations	**Busy Signals (*Can't get through at all)*** **(mean)**	**Automated System *(Can't speak to a human)*** **(mean)**	**On hold for more than 2 minutes** **(mean)**	**On hold for more than 2 minutes *Eventually hung up without speaking to anyone (abandoned calls)*** **(mean)**
Physicians Health Services	3.5	3.8	4.3	4.0
Anthem Blue Cross/Blue Shield	2.8	3.1	3.5	3.2
ConnectiCare	3.1	3.3	3.8	3.4
Aetna U.S. Healthcare	3.4	3.9	4.2	4.0
Oxford Health Plan (CT)	3.2	3.5	3.9	3.6
HealthChoice	2.9	3.2	3.6	3.3
Medspan	2.8	3.0	3.5	3.1
CIGNA	3.3	3.8	4.0	3.9
WellCare	3.7	3.8	4.1	3.9
Prudential	3.2	3.5	3.7	3.5
Other companies	2.9	3.2	3.5	3.2

The final questions are strictly for classification purposes.

D1. How long have you been practicing medicine?

Mean = 20 years

D2. What type of medical practice do you have? Is it an independent practice, are you hospital-employed, are you self-employed, or something else? (N=665)

1) Independent practice 58%
2) Hospital employed 12%
3) Self-employed 18%
4) Clinic/Health Center 2%
5) University/Academic 2%
6) Group practice 5%
7) Community practice *
8) Other 4%

* Less than 1%

D3. Do you work with a group of physicians or are you a solo practitioner?

(N=667)

1) With a group 60%
2) Solo practitioner (skip to question D4) 40%

D3a. How many physicians are in your group?

Mean = 17

D4. Do you belong to an IPA, PHO, or other type of physician network? (Please identify all to which you belong.)

(N=520)

1) IPA 42%
2) PHO 16%
3) Both IPA and PHO 33%
4) MSO 1%
5) Hospital Plan 1%
6) University/Faculty 1%
7) VA 1%
8) Other 5%

D5. What is the nature of your practice, is it general, internal, pediatrics, family practice, or is it something else?

(N=644)

1)	General	2%
2)	Internal	16%
3)	Pediatrics	8%
4)	Family Practice	5%
5)	OB/GYN	8%
6)	Emergency	1%
7)	Anesthesiology	3%
8)	Psychiatry	15%
9)	Surgery	4%
10)	Geriatrics	1%
11)	Plastic/Reconstructive surgery	1%
12)	Radiology	2%
13)	Ophthalmology	3%
14)	Gastro	2%
15)	Dermatology	2%
16)	Cardiology	3%
17)	Orthopedic surgery	4%
18)	Other	22%