

Verden REPORT



The Verden Quarterly Report | Quarter 4, 2008

Managed Care Company Rankings

The goal of the Verden rankings system is to evaluate how well or poorly managed care companies (Payers) are performing from the perspective of physician practice management. The data used to rank these Payers comes directly from the companies themselves, as gathered by the Verden Alert subscription service. This service monitors insurer web sites for any policy and procedure changes and alerts subscribers based on their participation and specialty whenever changes are posted. For the purpose of this report, data with an effective date from October 1, 2008 to December

31, 2008 (Q4) are eligible for ranking. Please see 'Who We Measured' on page 2 for more information about the Payers selected.

We remind our readers that these are QUARTERLY rankings, and as such an insurer may do better or worse in any given quarter than the quarter before. Therefore, our reports are not representative of overall performance, but instead provide a snapshot assessment of activity over the prior three month period.

What's New

Of the 185 commercial insurance companies the Verden Group tracks on a daily basis, eighteen companies made the list for our first ranking. We based this decision on insurer size and robustness of data gathered within the defined time period. Sixteen more companies qualified for ranking in Q2, bringing the number to 34 companies. In Q3, we ranked a further 12 companies, bringing the number of analyzed companies to 46. This final quarter of 2008, the following companies could not be ranked due to lack of qualifying data,

BCBS of Minnesota, BCBS of Montana, BCBS of Nebraska, BCBS of South Carolina Dean and Great-West (which is now fully integrated with Cigna).

We added BCBS of Alabama, BCBS of Kansas, HIP, Magellan Health Services, and Univera Healthcare in this report.

Metric Weighting (Aggregate Score)

In order to calculate the overall ranking we have assigned weights to each metric:

Metric	Weight
1. Cost to Provider (CP)	50%
2. Volume of Change (VC)	18%
3. Clarity of Communication (CC)	25%
4. Notification Period (NP)	7%
5. Posting Integrity (PI)	Penalty points

What we measured

Our analysis is composed of five categories in which each insurance company is given a score. The more points accumulated, the worse companies fare. Points are designated based on multiple criteria, with each metric carrying a different weight.

Data selected for measurement are those policies with an effective date occurring between 0/1/2008 and 12/31/2008, Q4. The source data is organized by administrative, reimbursement, pharmacy and medical policy categories and payers are ranked on five (5) measures:

1. Cost to Provider (CP)
2. Volume of Change (VC)
3. Clarity of Communication (CC)
4. Notification Period (NP)
5. Posting Integrity (PI)

A note about the managed care companies listed

Great-West became a Cigna company as of 4/1/2008, and while there was some data to report in Q3, it now appears to be fully integrated into Cigna's medical policies and will not be tracked separately going forward. HIP and GHI are both now collectively Emblem, however, their respective policies have not been aligned so we expect to see further activity in 2009.

AmeriChoice and Oxford Health Plans are both UnitedHealthcare companies, however, each of these three companies have separate policies and procedures and therefore have been ranked separately. Please see footnote for the Anthem plans evaluated under that name in these rankings.*

Who we measured

Of the 185 insurance companies the Verden Group tracks on a daily basis, eighteen companies made the list for our first ranking. We based this decision on insurer size and robustness of data gathered within the defined time period. Sixteen more companies qualified for ranking in Q2 bringing the number to 34 companies and a further 12 were added in Q3 bringing the total number to 46 insurers. This quarter, we ranked 45 insurers.

Aetna	Harvard Pilgrim Health Care
AmeriChoice	Health Alliance Medical Plans
AmeriGroup	Health Net, Inc.
AmeriHealth	Health Partners, Inc.
Anthem*	HealthNow NY
BCBS of Alabama	HIP
BCBS of Florida	Humana Inc.
BCBS of Illinois	Independence Blue Cross
BCBS of Kansas	LifeWise Health Plan
BCBS of Massachusetts	Magellan Health Services, Inc.
BCBS of Mississippi	MVP Health Plan, Inc.
BCBS of Texas	Oxford Health Plans, LLC
BCBS of Western New York	Passport /
Blue Cross of	University Health Care
Northeastern Pennsylvania	Premera Blue Cross
CareFirst BCBS	Priority Health
CIGNA Corporation	Regence
Empire BCBS / Wellpoint	Tufts Health Plans
Excellus BCBS	UniCare
Fallon Community	United Healthcare
Health Plan	Univera Healthcare
Fidelis Care	Wellcare
GHI	Wellmark, Inc.

How we measured

1. Cost to Provider takes into account policy changes or initiatives affecting reimbursement, and those that added more or less administrative time or complexity to a process in order to adhere to changes. Examples include implementation or withdrawal of pre-authorization, pre-certification, notification, and referral processes; timelines or modified processes that require more or less resources in order to comply with changes; and claims, coding or data errors or improvements resulting in more or less efficiency. These points accounted for 50% of the aggregate score.

We first allocate each individual change a corresponding point before tallying the total points in a given metric for each insurance company. For comparison purposes, we incorporate the ratio of CP/VC in order to account for the variation in number of changes between Payers.

2. Volume of Change takes into account the total amount of policy and procedure change across all categories - medical, administrative, pharmacy and reimbursement – experienced by physicians in a given network. Points are determined by measuring the volume of change by each insurance company compared to overall volume in percentage. Each individual change with an effective date between 07-01-2008 and 12-31-2008 is included in the dataset for each of the 43 insurance companies mentioned.

These points account for 18% of the aggregate score.

3. Clarity of Communication indicates how well or poorly insurers make information available on their web sites and how clearly those changes are communicated in updated policies. Of the insurers ranked, their websites are utilized as the primary communication tool for notifying network participants of changes to policies and procedures. The expectation is that providers will monitor these sites for updates in order to keep themselves informed as part of their contractual obligations with an insurer. However, if providers

participate with more than an insurer or two, this is a near-impossible task as it requires constant monitoring and the ability to know exactly what has changed when updates are posted. The Verden Alert subscription service tracks these changes for you by insurer and specialty; please visit our website at www.theverdengroup.com for further information.

This measurement captures whether insurers' clearly identify a new or modified policy, its effective date, and what

changes actually occurred. The easier it is to find medical policies and updates on the site, the fewer points allocated. Additional points are given to insurers that keep their policies and network news behind a log-in barrier. Points are tallied as a whole, rather than for individual alerts, for each insurance company.

These points account for 25% of the aggregate score.

4. Notification Period measures the time elapsing between posting notification of a policy or procedure change and the date upon which the change became effective. We grade insurers on how much notice they give providers of their intent to change a policy or procedure – the less time between posting and effective date, the more points accumulated. We believe that at least thirty days of notification is necessary for providers to respond and adapt to changes. Payers that post 30 days ahead of effective date accumulate no points.

These points account for 7% of the aggregate score.

5. Posting Integrity measures policies posted on-line with a retro-active date, or policies altered without an update or revision date being added. Tracking insurers' web sites every day allows us to see when notifications have been back-dated or altered. Because we view this practice as highly deceptive, we allocate a separate ranking for this metric and Payers observed retro-posting or altering information without notification are tagged with a penalty score.

Overall Rankings

Rank	Total Score	Rank	Total Score	Rank	Total Score	Rank	Total Score
1 Aetna	9.05	12 CIGNA Corporation	26.22	22 Excellus BCBS	30.90	33 Regence	38.85
2 Passport / University Health Care	17.18	13 Priority Health	26.50	23 HealthNow NY	32.82	34 GHI	39.15
3 BCBS of Texas	18.46	14 United Healthcare	28.53	24 Univera Healthcare	33.03	35 Harvard Pilgrim Health Care	40.73
4 CareFirst BCBS	19.58	15 AmeriGroup	28.92	25 BCBS of Western New York	33.31	36 Humana Inc.	40.99
5 Oxford Health Plans, LLC	20.32	16 HIP	29.13	26 BCBS of Illinois	34.48	37 Independence Blue Cross	41.90
6 UniCare	21.69	17 Tufts Health Plans	29.48	27 Magellan Health Services, Inc.	36.07	38 BCBS of Alabama	45.12
7 LifeWise Health Plan	21.94	18 Empire BCBS / Wellpoint	29.58	28 Fidelis Care	36.07	39 AmeriHealth	47.91
8 Fallon Community Health Plan	23.20	19 BCBS of Mississippi	30.36	29 Health Alliance Medical Plans	36.29	40 Wellcare	48.92
9 BCBS of Florida	24.34	20 BCBS of Kansas	30.60	30 Premera Blue Cross	36.76	41 MVP Health Plan, Inc.	48.98
10 BCBS of Massachusetts	25.15	21 Blue Cross of Northeastern Pennsylvania	30.75	31 Health Partners, Inc.	37.15	42 Wellmark, Inc.	49.29
11 Health Net, Inc.	25.78			32 Anthem*	38.05	43 AmeriChoice	57.04

Aetna continues to beat the competition in the final quarter of 2008. This quarter we observed a heavy focus on IT strategies. Several insurers rolled out web site and information technology improvements designed to provide better management tools for providers, as well as seeing a continuance from Q3 of an increasing focus on preventive and supportive care services. For example, Empire BCBS enhanced its available member benefit information, GHI added real time prior approval for radiology procedures, Health Partners improved provider portal eligibility inquiry, while Passport launched ikaProHEDIS, a new online tool to help manage real-time clinical care reporting in addition to its existing iEXCHANGE authorization process.

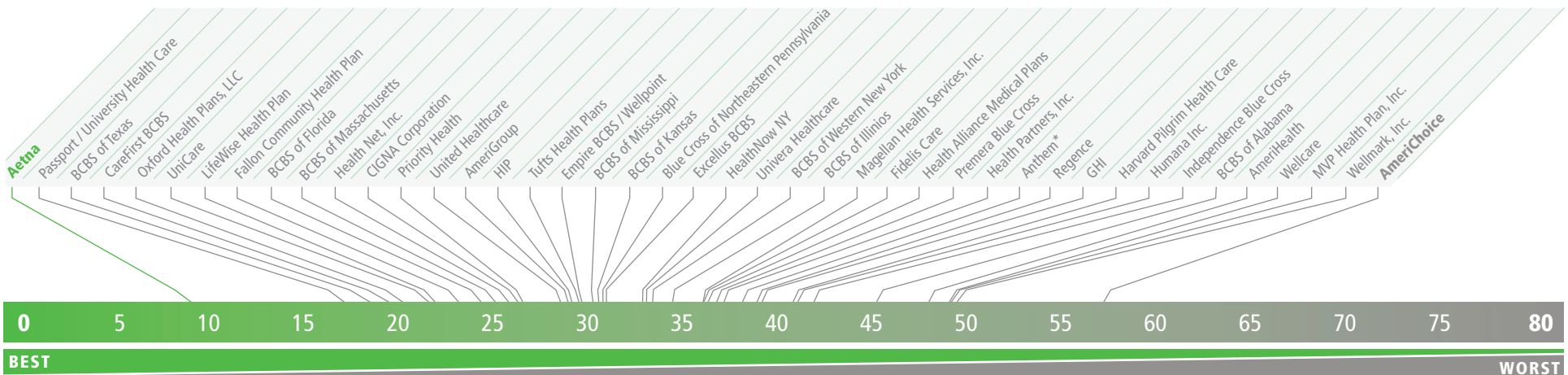
Priority Health moved down the ranks considerably from Q3 due to several prior authorization requirements being added (a reversal from its position in Q3 of removing them) including a change from radiology notification to prior authorization required through AIM.

AmeriChoice fell to the bottom of the list due to changes in reimbursement policies and continued confusion over posting dates.

Passport zoomed up the list from 38 in Q3 to number 2 in overall rankings this quarter. This upward movement is a function of issuing very few costly policy changes in conjunction with its improvements in IT, namely, the addition of automatic secondary claim processing

and Navinet service capabilities as well as the launch of ikaProHEDIS.

Drug costs are still high on many companies agendas, with changes to tiering, the addition of step therapies and select pre-authorizations on such things as osteopathic drugs becoming more prevalent. We have also seen changes in specialty pharmacy, vendors, for example, Premera selecting Walgreens over its previous vendor, Caremark.



1. Cost to Provider (CP)

Rank	Total Score	Rank	Total Score	Rank	Total Score	Rank	Total Score				
1	Passport / University Health Care	0.13	12	BCBS of Massachusetts	1.00	22	United Healthcare	1.25	30	Tufts Health Plans	1.58
2	Aetna	0.21	12	GHI	1.00	23	BCBS of Mississippi	1.26	30	Independence Blue Cross	1.58
3	Health Net, Inc.	0.28	13	LifeWise Health Plan	1.10	24	UniCare	1.27	31	Wellcare	1.67
4	BCBS of Texas	0.52	14	Health Partners, Inc.	1.11	24	Empire BCBS / Wellpoint	1.27	32	Harvard Pilgrim Health Care	1.75
5	Fallon Community Health Plan	0.60	15	BCBS of Western New York	1.13	25	Anthem*	1.28	33	Humana Inc.	1.81
6	BCBS of Florida	0.64	16	AmeriGroup	1.14	26	BCBS of Kansas	1.31	34	Regence	1.83
7	CIGNA Corporation	0.65	17	Excellus BCBS	1.15	26	Blue Cross of	1.31	35	BCBS of Alabama	2.14
8	CareFirst BCBS	0.85	18	Priority Health	1.16		Northeastern Pennsylvania		36	AmeriChoice	2.15
9	HIP	0.87	19	Premera Blue Cross	1.19	27	Univera Healthcare	1.32	37	AmeriHealth	2.22
10	Fidelis Care	0.90	20	Health Alliance Medical Plans	1.20	28	BCBS of Illinois	1.47	38	MVP Health Plan, Inc.	2.36
11	Oxford Health Plans, LLC	0.99	21	Magellan Health Services, Inc.	1.23	29	HealthNow NY	1.50	39	Wellmark, Inc.	2.58

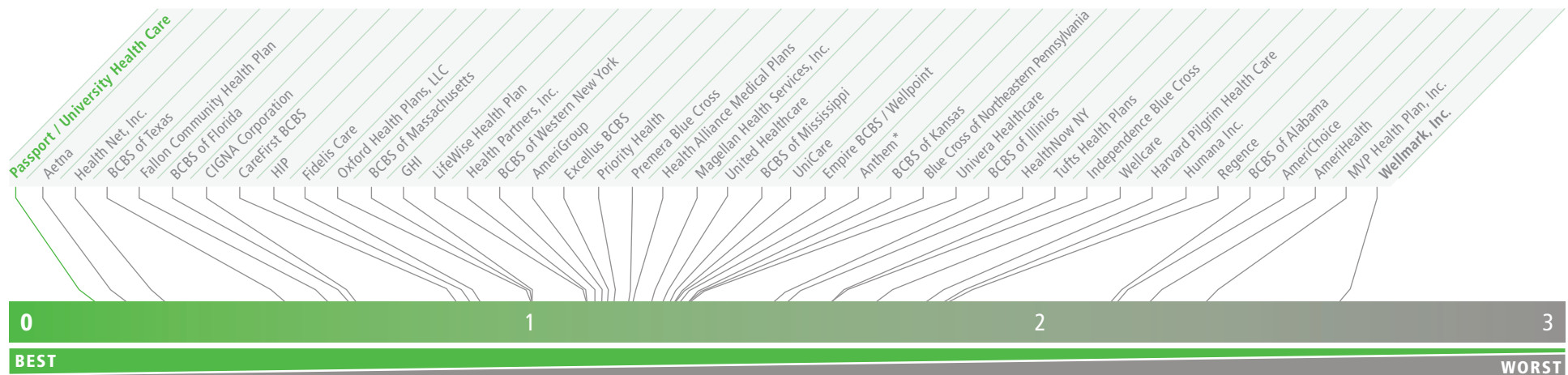
Passport soared to the top of the list due mostly to lack of costly policy changes this quarter, together with the roll out of online tools, such as ikaProHEDIS+. While not the only company to offer this system, making this tool available to providers allows for better cost control and the ability to utilize technology for purposes of managing care more effectively by allowing providers to run reports by member to identify those requiring preventive health screenings, view up to three years of historical preventive and clinical care member data, ER utilization, prescription histories, lab and x-ray information, and inpatient or ICU visits and identify clinical care gaps. We view this as a step in the right direction toward collaboration, data sharing and transparency with providers.

Fallon also climbed far from its position of dead last in Q3. Again, there were relatively few policy changes made within the quarter, however, this time around there were none adding significant cost to providers in this period.

Interestingly, there were several ties in rankings in this metric, some due to simply the utilization of the same policies (Empire BCBS and Unicare, for example).

United Healthcare's cost burden has crept up this quarter for changes such as limiting after-hour and weekend codes reimbursement and the delay in implementation of its reimbursement for counseling and risk factor reduction intervention services.

As anticipated, given the economic climate, we have seen several companies adopt tighter controls on utilization, most typically in the form of pre-authorization criteria. Both Wellmark and MVP slipped substantially due to these measures, with Wellmark implementing prior approvals in the areas of drugs, cardiology and radiology services, and MVP doing the same for imaging, mental health, drugs, and outpatient surgery procedures. Humana also took a tumble on claim code edits and changes to drug policies involving step therapy. Meanwhile, Regence added pre-auths on everything from Chemical Dependency & Mental Health, Durable Medical Equipment, Hospice Services, Inpatient Admissions, and even Pregnancy . . .



2. Volume of Change (VC)

Rank	Total Score	Rank	Total Score	Rank	Total Score	Rank	Total Score
1	Fallon Community Health Plan 0.35%	9	BCBS of Kansas 1.13%	14	Magellan Health Services, Inc. 1.55%	23	AmeriGroup 2.54%
1	Health Alliance Medical Plans 0.35%	9	BCBS of Western New York 1.13%	15	AmeriHealth 1.62%	24	MVP Health Plan, Inc. 3.10%
2	BCBS of Alabama 0.49%	9	Blue Cross of Northeastern Pennsylvania 1.13%	15	BCBS of Texas 1.62%	25	Independence Blue Cross 3.17%
3	Fidelis Care 0.71%	9	GHI 1.13%	16	Tufts Health Plans 1.83%	26	BCBS of Illinois 3.60%
4	BCBS of Florida 0.78%	10	Health Net, Inc. 1.27%	17	Excellus BCBS 1.90%	27	Empire BCBS / Wellpoint 4.37%
5	BCBS of Massachusetts 0.85%	10	Wellcare 1.27%	17	Health Partners, Inc. 1.90%	28	CIGNA Corporation 5.29%
5	Harvard Pilgrim Health Care 0.85%	11	BCBS of Mississippi 1.34%	18	Regence 2.05%	29	Aetna 5.50%
6	CareFirst BCBS 0.92%	12	AmeriChoice 1.41%	19	UniCare 2.12%	30	Humana Inc. 5.64%
7	HealthNow NY 0.99%	12	LifeWise Health Plan 1.41%	20	Priority Health 2.19%	31	Oxford Health Plans, LLC 6.63%
8	HIP 1.06%	13	Premera Blue Cross 1.48%	21	Wellmark, Inc. 2.33%	32	Anthem* 7.83%
8	Passport / University Health Care 1.06%			22	Univera Healthcare 2.40%	33 United Healthcare 9.94%	

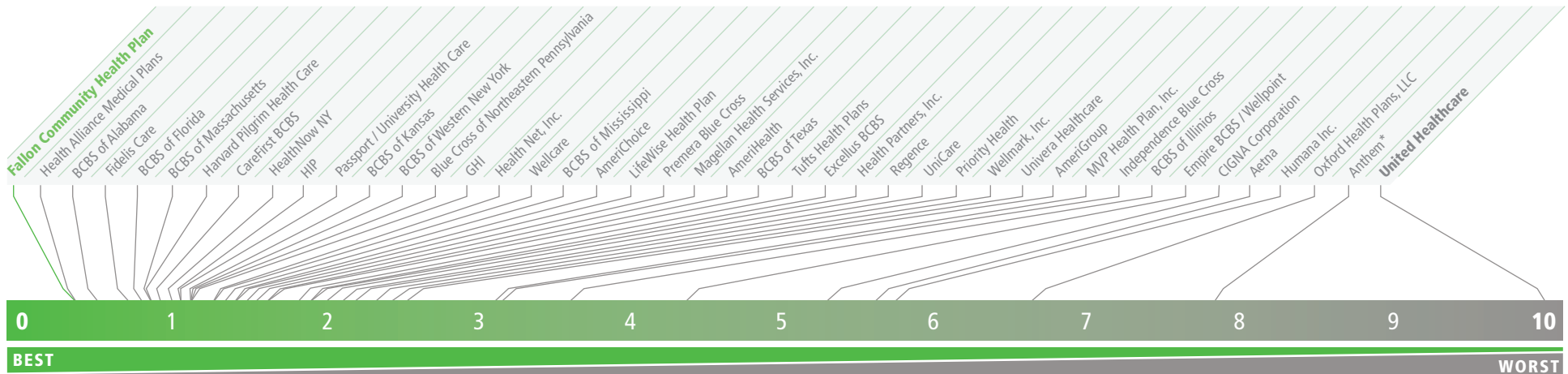
As usual, the largest insurers continue to be responsible for the highest volumes of change. However, we observed a noticeable slow down in volume for Amerigroup and AmeriChoice. The uptick observed for IBX is likely due to its fourth quarter implementation of no longer mailing policy and claim updates and posting everything online instead. Oxford Health Plans, United Healthcare, Empire BCBS, and UniCare all increased the number of changes by at least 1.5%.

The following plans previously ranked did not make the list this quarter due primary to lack of meaningful activity with regard to changes in policy:

- BCBS of Minnesota
- BCBS of Montana
- BCBS of Nebraska
- BCBS of South Carolina
- Dean
- Great-West (which is now fully integrated with Cigna)

The following plans have been added this quarter:

- BCBS of Alabama
- BCBS of Kansas
- HIP
- Magellan Health Services, Inc.
- Univera Healthcare



3. Clarity of Communication (CC)

Rank	Total Score	Rank	Total Score	Rank	Total Score	Rank	Total Score				
1	Aetna	0	7	BCBS of Kansas	7	9	CIGNA Corporation	8.5	14	Health Alliance Medical Plans	11
2	UniCare	1	7	BCBS of Massachusetts	7	10	BCBS of Alabama	9	14	Health Net, Inc.	11
3	CareFirst BCBS	2	7	BCBS of Mississippi	7	10	BCBS of Illinois	9	14	Magellan Health Services, Inc.	11
3	LifeWise Health Plan	2	7	Excelsus BCBS	7	10	Blue Cross of Northeastern Pennsylvania	9	14	Premera Blue Cross	11
4	Oxford Health Plans, LLC	4	7	Passport / University Health Care	7	11	MVP Health Plan, Inc.	9.5	15	Independence Blue Cross	12
4	Priority Health	4	7	Univera Healthcare	7	12	AmeriHealth	10	16	BCBS of Western New York	13
5	Empire BCBS / Wellpoint	5	8	BCBS of Texas	8	12	Harvard Pilgrim Health Care	10	16	Health Partners, Inc.	13
5	Tufts Health Plans	5	8	HIP	8	12	HealthNow NY	10	17	Fidelis Care	14
5	United Healthcare	5	8	Humana Inc.	8	12	HealthNow NY	10	17	GHI	14
6	AmeriGroup	6.5	8	Regence	8	13	Fallon Community Health Plan	10.5	18	Wellcare	16
7	BCBS of Florida	7	8	Wellmark, Inc.	8	14	Anthem*	11	19	AmeriChoice	17

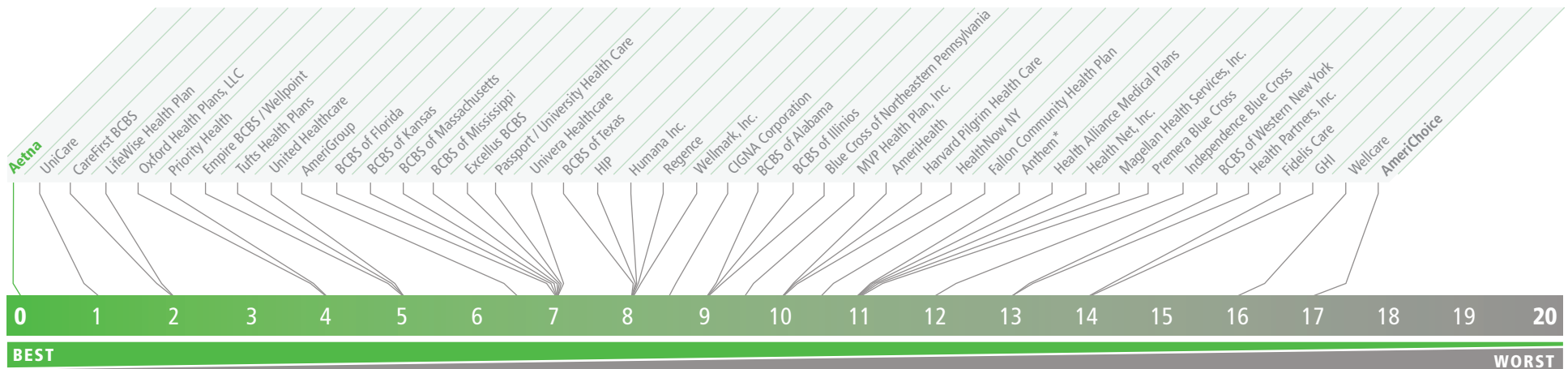
Rankings in this metric changed little in the fourth quarter. AmeriChoice continued to post confusing effective dates, whereby the 'revised' dates listed with the policy titles do not match the 'approval' and 'update' dates posted in the body of these policies.

Those companies that continue to score the worst are those that issue policies without effective dates, and/or updates without details about what has actually changed in those policies. This not only causes confusion for providers, but allows for certain insurers to routinely breach contract agreements regarding noti-

fication periods (e.g. in the case where policy changes have to be posted 30 days prior to implementation, it would be impossible to contest this if no effective and update dates are given).

We continue to push for basic standards to be adopted across insurance networks to ensure that a minimum set of criteria is present for each policy – effective date, date posted, date updated (and date changes became effective) as well as details in the body of the policies about precisely what changed or was updated.

In the meantime, we have had inquiries from some insurers seeking to understand (and thereby improve) how they are communicating with their network providers. These are MVP, Empire BCBS, Priority Health and Humana, and we acknowledge their willingness to engage on these issues.

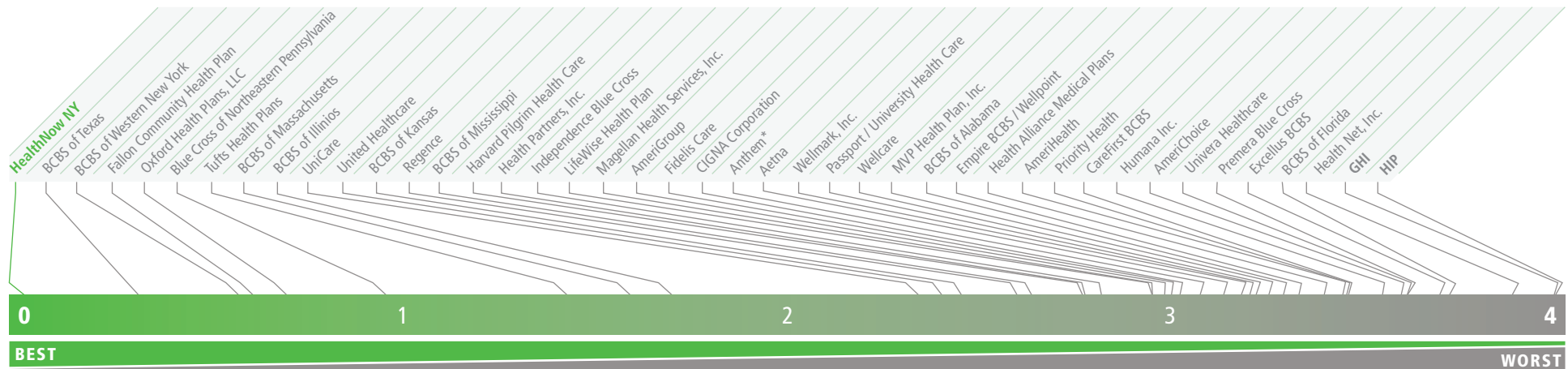


4. Notification Period (NP)

Rank	Total Score	Rank	Total Score	Rank	Total Score	Rank	Total Score				
1	HealthNow NY	0.00	11	United Healthcare	2.40	21	CIGNA Corporation	3.03	32	Priority Health	3.45
2	BCBS of Texas	0.30	12	BCBS of Kansas	2.44	22	Anthem*	3.07	33	CareFirst BCBS	3.46
3	BCBS of Western New York	0.56	13	Regence	2.59	23	Aetna	3.14	34	Humana Inc.	3.55
4	Fallon Community Health Plan	0.60	14	BCBS of Mississippi	2.63	24	Wellmark, Inc.	3.18	35	AmeriChoice	3.60
5	Oxford Health Plans, LLC	0.69	15	Harvard Pilgrim Health Care	2.75	25	Passport / University Health Care	3.20	36	Univera Healthcare	3.62
6	Blue Cross of Northeastern Pennsylvania	0.94	16	Health Partners, Inc.	2.78	26	Wellcare	3.22	36	Premera Blue Cross	3.62
7	Tufts Health Plans	1.42	17	Independence Blue Cross	2.82	27	MVP Health Plan, Inc.	3.25	37	Excellus BCBS	3.70
8	BCBS of Massachusetts	1.58	18	LifeWise Health Plan	2.95	28	BCBS of Alabama	3.29	38	BCBS of Florida	3.73
9	BCBS of Illinois	1.69	18	Magellan Health Services, Inc.	2.95	29	Empire BCBS / Wellpoint	3.39	39	Health Net, Inc.	3.89
10	UniCare	2.33	19	AmeriGroup	2.97	30	Health Alliance Medical Plans	3.40	40	GHI	4.00
			20	Fidelis Care	3.00	31	AmeriHealth	3.43	40	HIP	4.00

HIP has been added to the ranks this quarter as Emblem has begun posting changes to both its GHI and HIP sites. However, now that there is some consistency across its two companies, it needs to do a much better job of getting the information posted timely and evidently.

While we still do not see consistency with at least 30 days notification across all Payers, we are pleased to report minor improvements across the board, with the exception of only one, AmeriHealth, doing considerably worse in getting notifications posted timely.



5. Posting Integrity (PI)

Posting Integrity infractions are when an insurer posts a policy with one date, then changes that date to some time prior to the original posting date. We take the position that the primary reason for doing so is to align with claim edits or some other such business decision, which may have an adverse affect on providers.

We regret to record that Excellus BCBS had the following infraction during Q4:

Policy 7.01.47 Varicosities / Varicose Veins, Treatment Options to Vein Stripping and Litigation was posted with an update on 8/19/08 which stood until 12/18/2008, but then was back-posted to 3/20/08 on 12/19/2008. We do not offer an opinion as to why, but do suggest that if a mistake in date needed to be corrected, the transparent thing to do would be to strike through the 8/19/08 date and issue a correction date of 3/20/08 instead.

Certificates of Merit

Aetna Health Plans

Annual Award for Most Provider Friendly Network, 2008

Certificates of Merit have been issued to the following companies

Aetna Health Plans

Most Provider-Friendly Insurer

Q1, 2008

Q2, 2008

Q3, 2008

Q4, 2008

Oxford Health Plans

Most Improved Clarity of Communication

Q2, 2008

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*Anthem Blue Cross and Blue Shield is the trade name for the following: In Connecticut: Anthem Health Plans, Inc. In Colorado: Rocky Mountain Hospital and Medical Service, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri: RightCHOICE Managed Care, Inc. (RIT), Healthy Alliance Life Insurance Company (HALIC) and HMO Missouri, Inc. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI) and CompCare Health Services Insurance Corporation (Comp care). All other Anthem plans including Empire Blue Cross Blue Shield and Blue Cross of California are excluded.

Comparison Data

Payer	Q4	Q3	Q2	Q1	Payer	Q4	Q3	Q2	Q1	Payer	Q4	Q3	Q2	Q1
Aetna	9.05	8.63	8.16	9.29	Blue Cross of NEPA	30.75	38.85	N/A	N/A	Horizon BCBS NJ	N/A	39.51	29.57	N/A
AmeriChoice	57.04	36.60	38.23	40.54	CareFirst BCBS	19.58	27.67	15.73	N/A	Humana Inc.	40.99	32.95	38.61	40.61
AmeriGroup	28.92	26.87	32.87	35.54	CIGNA Corporation	26.22	36.41	21.98	25.87	Independence Blue Cross	41.90	39.43	28.33	38.83
AmeriHealth	47.91	30.16	31.28	26.27	ConnectiCare	N/A	N/A	48.61	N/A	LifeWise Health Plan	21.94	25.49	N/A	N/A
Anthem*	38.05	35.08	32.80	36.25	Dean	N/A	50.59	37.43	42.35	Magellan Health Services, Inc.	36.07	N/A	N/A	N/A
Arkansas BCBS	N/A	N/A	50.62	N/A	Empire BCBS / Wellpoint	29.58	36.84	21.43	N/A	MVP Health Plan	48.98	40.89	49.05	N/A
BCBS of Alabama	45.12	N/A	N/A	N/A	Excellus BCBS	30.90	36.08	N/A	N/A	Oxford Health Plans	20.32	23.12	15.03	31.66
BCBS of Florida	24.34	24.04	N/A	N/A	Fallon Community Health Plan	23.20	73.36	40.77	30.76	Passport Health Plan	17.18	45.95	17.25	N/A
BCBS of Illinois	34.48	36.64	16.82	25.97	Fidelis Care	36.07	41.10	N/A	N/A	Premera Blue Cross	36.76	37.37	N/A	N/A
BCBS of Kansas	30.60	N/A	N/A	N/A	GHI	39.15	48.43	N/A	N/A	Priority Health	26.50	13.13	N/A	N/A
BCBS of Massachusetts	25.15	27.94	21.94	26.11	Great-West Healthcare	N/A	53.84	N/A	33.37	Regence BCBS	38.85	32.99	20.58	N/A
BCBS of Minnesota	N/A	47.70	44.05	N/A	Harvard Pilgrim Health Care	40.73	56.59	50.25	34.59	Total Health Care	N/A	N/A	58.31	N/A
BCBS of Mississippi	30.36	37.05	N/A	N/A	Health Alliance Medical Plans	36.29	39.35	33.10	N/A	Tufts Health Plans	29.48	33.40	N/A	N/A
BCBS of Montana	N/A	24.91	N/A	N/A	Health Net, Inc.	25.78	28.21	26.91	30.44	UniCare	21.69	30.62	14.70	15.49
BCBS of Nebraska	N/A	60.77	59.21	N/A	Health Partners, Inc.	37.15	53.74	N/A	N/A	United Healthcare	28.53	25.23	18.35	40.16
BCBS of South Carolina	N/A	31.31	30.52	N/A	HealthNow NY	32.82	41.05	22.39	N/A	Univera Healthcare	33.03	N/A	N/A	N/A
BCBS of Texas	18.46	34.20	18.32	N/A	HealthPlus NY	25.87	N/A	N/A	N/A	Wellcare	48.92	33.07	28.36	N/A
BCBS of Western New York	33.31	45.22	30.32	N/A	HIP	29.13	N/A	N/A	N/A	Wellmark, Inc.	49.29	N/A	N/A	N/A

