

# Verden REPORT



The Verden Quarterly Report | Quarter 3, 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 July 1, 2008 to September 30, 2008

(Q3 2008) 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. For this quarter, we have ranked a further 12 companies, bringing the number of analyzed companies to 46 in this report.

We have also modified our graphs in order to represent this larger number of insurer data in such a way that clustering patterns are apparent and the information is more accessible.

We have also modified the way we list the insurers so that they are now ranked in order from Best to Worst.

## 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 07/01/2008 and 9/30/2008 (Q3 2008). 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

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. Great-West became a Cigna company as of 4/1/2008, and did not qualify for ranking in Q2 due to a lack of activity on its web site. Due to activity in Q3 we were able to include them in this dataset.

## 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 have been added in Q3 bringing the total number to 46 insurers ranked in this report.

Aetna	GHI
AmeriChoice	Great-West Healthcare
AmeriGroup	Harvard Pilgrim Health Care
AmeriHealth	Health Alliance Medical Plans
Anthem*	Health Net, Inc.
BCBS of Florida	Health Partners, Inc.
BCBS of Illinois	HealthNow NY
BCBS of Massachusetts	HealthPlus NY
BCBS of Minnesota	Horizon BCBS NJ
BCBS of Mississippi	Humana Inc.
BCBS of Montana	Independence Blue Cross
BCBS of Nebraska	LifeWise Health Plan of
BCBS of South Carolina	Arizona, Inc.
BCBS of Texas	MVP Health Plan, Inc.
BCBS of Western New York	Oxford Health Plans, LLC
Blue Cross of	Passport /
Northeastern Pennsylvania	University Health Care
CareFirst BCBS	Premera Blue Cross
CIGNA Corporation	Priority Health
Dean	Regence BCBS of Oregon
Empire BCBS / Wellpoint	Tufts Health Plans
Excellus BCBS	UniCare
Fallon Community	United Healthcare
Health Plan	Wellcare
Fidelis Care	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 9-30-2008 is included in the dataset for each of the 46 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](http://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

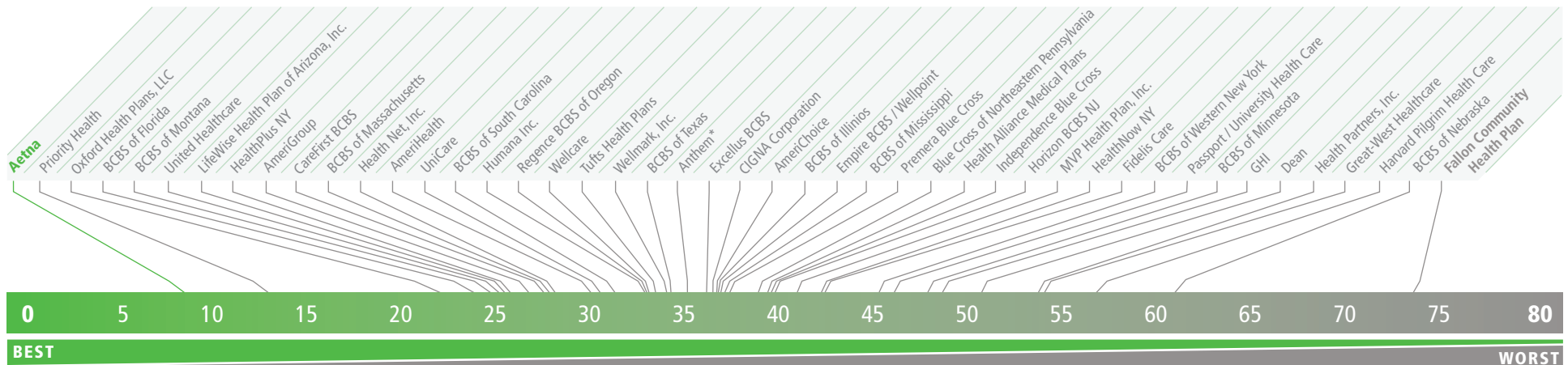
Rank	Total Score	Rank	Total Score	Rank	Total Score	Rank	Total Score
<b>1 Aetna</b>	<b>8.63</b>	13 AmeriHealth	30.16	25 AmeriChoice	36.60	36 Fidelis Care	41.10
2 Priority Health	13.13	14 UniCare	30.62	26 BCBS of Illinois	36.64	37 BCBS of Western New York	45.22
3 Oxford Health Plans, LLC	23.12	15 BCBS of South Carolina	31.31	27 Empire BCBS / Wellpoint	36.84	38 Passport / University Health Care	45.95
4 BCBS of Florida	24.04	16 Humana Inc.	32.95	28 BCBS of Mississippi	37.05	39 BCBS of Minnesota	47.70
5 BCBS of Montana	24.91	17 Regence BCBS of Oregon	32.99	29 Premera Blue Cross	37.37	40 GHI	48.43
6 United Healthcare	25.23	18 Wellcare	33.07	30 Blue Cross of Northeastern Pennsylvania	38.85	41 Dean	50.59
7 LifeWise Health Plan of Arizona, Inc.	25.49	19 Tufts Health Plans	33.40	31 Health Alliance Medical Plans	39.35	42 Health Partners, Inc.	53.74
8 HealthPlus NY	25.87	20 Wellmark, Inc.	34.01	32 Independence Blue Cross	39.43	43 Great-West Healthcare	53.84
9 AmeriGroup	26.87	21 BCBS of Texas	34.20	33 Horizon BCBS NJ	39.51	44 Harvard Pilgrim Health Care	56.59
10 CareFirst BCBS	27.67	22 Anthem*	35.08	34 MVP Health Plan, Inc.	40.89	45 BCBS of Nebraska	60.77
11 BCBS of Massachusetts	27.94	23 Excellus BCBS	36.08	35 HealthNow NY	41.05	<b>46 Fallon Community Health Plan</b>	<b>73.36</b>
12 Health Net, Inc.	28.21	24 CIGNA Corporation	36.41				

Once again, Aetna beats the competition, however this quarter they are trailed very closely by Priority Health. Both companies score well on clarity of communication and on cost to provider metrics. At the other end of the spectrum, the worst performing companies primarily had a combination of poor communication and additional administrative costs to providers producing higher numbers. Fallon is the most costly network in which to participate thanks to changes during Q3, scoring nearly twice as high as everyone else in that metric.

In an interesting move, we have seen several of the large insurers modify their policies to pay for treatment that we consider as 'supportive' procedures, and the adoption of more payment-friendly policies. For example, United Healthcare has begun covering facet joint injections now that there is evidence to suggest that these injections help to improve the results of physical therapy (and possibly reduce the number of PT visits required). Wellmark added a number of new diagnosis codes allowable for determining DRG payments. We are also seeing some payment strategies finally

focused on preventive medicine, with AmeriChoice leading the way by financially incentivizing both patients and providers for meeting guideline criteria.

We continue to observe the ongoing trend of tightening drug management with many insurers adding preauthorization restrictions to several drugs, most notable of which was Wellmark in Q3.



# 1. Cost to Provider (CP)

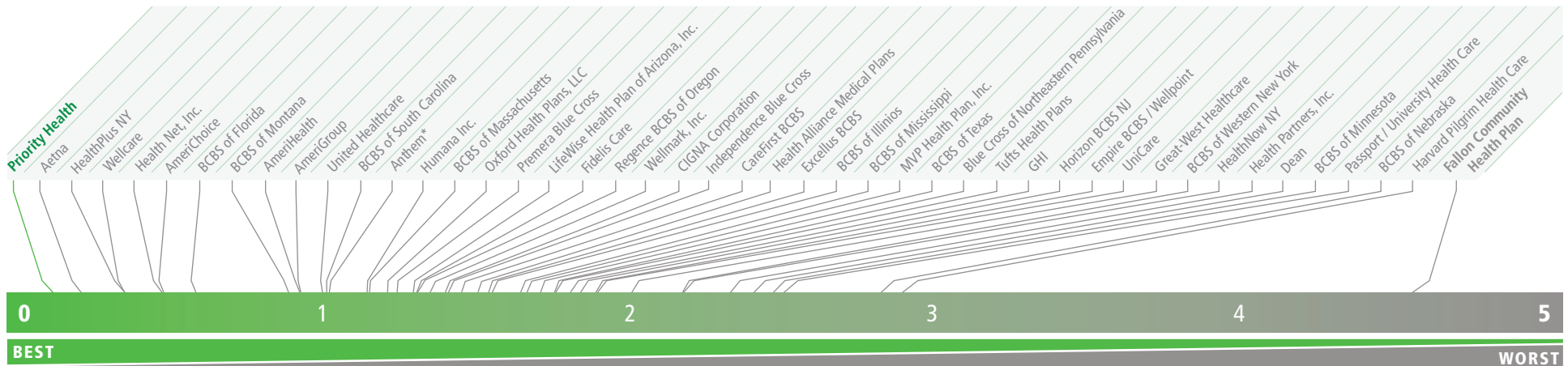
Rank	Total Score	Rank	Total Score	Rank	Total Score	Rank	Total Score				
<b>1</b>	<b>Priority Health</b>	<b>0.11</b>	13	Anthem*	1.01	25	Health Alliance Medical Plans	1.50	36	UniCare	1.88
2	Aetna	0.19	14	Humana Inc.	1.13	26	Excellus BCBS	1.53	37	Great-West Healthcare	2.00
3	HealthPlus NY	0.33	15	BCBS of Massachusetts	1.14	27	BCBS of Illinois	1.54	38	BCBS of Western New York	2.17
4	Wellcare	0.33	16	Oxford Health Plans, LLC	1.20	28	BCBS of Mississippi	1.64	39	HealthNow NY	2.17
5	Health Net, Inc.	0.46	17	Premera Blue Cross	1.24	29	MVP Health Plan, Inc.	1.66	40	Health Partners, Inc.	2.33
6	AmeriChoice	0.47	18	LifeWise Health Plan of Arizona, Inc.	1.28	30	BCBS of Texas	1.70	41	Dean	2.40
7	BCBS of Florida	0.57	19	Fidelis Care	1.29	31	Blue Cross of Northeastern Pennsylvania	1.75	42	BCBS of Minnesota	2.46
8	BCBS of Montana	0.86	20	Regence BCBS of Oregon	1.29	32	Tufts Health Plans	1.75	43	Passport / University Health Care	2.57
9	AmeriHealth	0.91	21	Wellmark, Inc.	1.34	33	GHI	1.80	44	BCBS of Nebraska	2.83
10	AmeriGroup	0.91	22	CIGNA Corporation	1.39	34	Horizon BCBS NJ	1.83	45	Harvard Pilgrim Health Care	2.88
11	United Healthcare	0.97	23	Independence Blue Cross	1.40	35	Empire BCBS / Wellpoint	1.87	<b>46</b>	<b>Fallon Community Health Plan</b>	<b>4.54</b>
12	BCBS of South Carolina	1.00	24	CareFirst BCBS	1.44						

While Fallon Community Health Plan's policy changes were few, all of the changes tracked resulted in greater administrative burden: changes were related to either implementing new prior authorization processes or requiring additional documentation for services performed. Harvard Pilgrim and BCBS of Nebraska continue to be focused around the strategies we observed in Q2, which were pushing administrative cost to providers in order to minimize (or at least not pay for) utilization of services. As you can see from the graph, there is a clustering effect that indicates an average score in this metric, indicating that many payers follow similar policies in this regard. One newcomer, Priority Health, fared the best in terms of keeping costs low thanks to removing many prior authorization requirements. We were also pleased to see Humana improve over Q2 in this area.

Many insurers seem to be investing heavily in tools for provider offices to use for administrative and billing functions for purposes of streamlining operations. For example, Independence Blue Cross has implemented a single number for Providers to call for any reason and have implemented a new claims and billing website. And Horizon BCBSNJ advise they are the 'first US Insurer to provide financial support to select network hospitals for the adoption of E-medication history technology' (the program is currently installed at Chilton Memorial Hospital using DrFirst Software). We will be watching to see if other insurers follow suit and what the risks and benefits are to providers of care who join forces with insurers in this way.

AmeriChoice did particularly well this quarter due to increased payment to providers through implementing well care incentives whereby providers are paid additional dollars per patient for meeting certain guidelines with regard to management of diabetes and adolescent care. They are also paying for lead testing alternatives as well as lowering costs by removing restrictions on certain drugs, thus reducing administrative burden.

For a change, HealthNet did better in this measurement as they managed not to add any costs to providers this quarter.

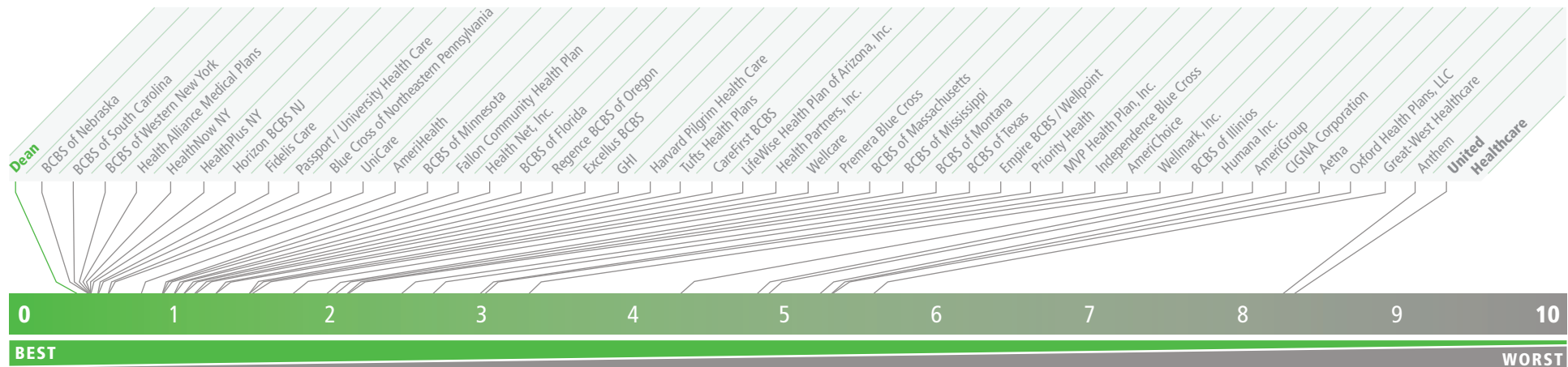


## 2. Volume of Change (VC)

Rank	Total Score	Rank	Total Score	Rank	Total Score	Rank	Total Score
<b>1 Dean</b>	<b>0.35%</b>	12 UniCare	0.56%	24 LifeWise Health Plan of Arizona, Inc.	1.27%	36 AmeriChoice	3.03%
2 BCBS of Nebraska	0.42%	13 AmeriHealth	0.78%	25 Health Partners, Inc.	1.48%	37 Wellmark, Inc.	3.31%
3 BCBS of South Carolina	0.42%	14 BCBS of Minnesota	0.92%	26 Wellcare	1.48%	38 BCBS of Illinois	4.30%
4 BCBS of Western New York	0.42%	15 Fallon Community Health Plan	0.92%	27 Premera Blue Cross	1.50%	49 Humana Inc.	4.80%
5 Health Alliance Medical Plans	0.42%	16 Health Net, Inc.	0.92%	28 BCBS of Massachusetts	1.55%	40 AmeriGroup	4.87%
6 HealthNow NY	0.42%	17 BCBS of Florida	0.99%	29 BCBS of Mississippi	1.97%	41 CIGNA Corporation	5.22%
7 HealthPlus NY	0.42%	18 Regence BCBS of Oregon	0.99%	30 BCBS of Montana	2.05%	42 Aetna	5.29%
8 Horizon BCBS NJ	0.42%	19 Excellus BCBS	1.06%	31 BCBS of Texas	2.12%	43 Oxford Health Plans, LLC	5.29%
9 Fidelis Care	0.49%	20 GHI	1.06%	32 Empire BCBS / Wellpoint	2.12%	44 Great-West Healthcare	5.57%
10 Passport / University Health Care	0.49%	21 Harvard Pilgrim Health Care	1.13%	33 Priority Health	2.47%	45 Anthem*	8.25%
11 Blue Cross of Northeastern Pennsylvania	0.56%	22 Tufts Health Plans	1.13%	34 MVP Health Plan, Inc.	2.68%	<b>46 United Healthcare</b>	<b>8.32%</b>
		23 CareFirst BCBS	1.27%	35 Independence Blue Cross	2.96%		

As usual, the largest insurers continue to be responsible for the highest volumes of change, with the exception of Great West, for which its high volume this quarter stems directly from the adoption of Cigna policies. This is likely to be the case for at least another quarter or two until all of Great West's policies are revised.

It is interesting to note that some insurers with the lowest volume (Dean, BCBS of Nebraska) also resulted in being ranked as costly, representing that while changes may have been few, those changes were implemented to shift cost rather than alleviate it. In contrast, high volume does not equal higher cost as evidenced by high VC scores for, say, Aetna and Amerigroup which were among the lowest in Cost to Provider.



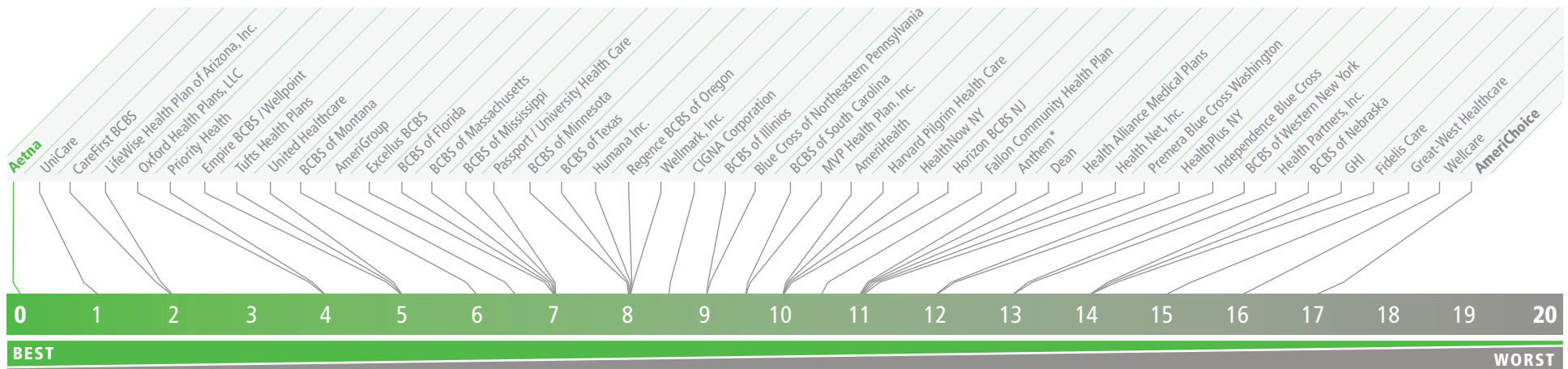
### 3. Clarity of Communication (CC)

Rank	Total Score	Rank	Total Score	Rank	Total Score	Rank	Total Score				
1	Aetna	0	13	BCBS of Florida	7	24	Blue Cross of Northeastern Pennsylvania	9	35	Health Net, Inc.	11
2	UniCare	1	14	BCBS of Massachusetts	7	25	BCBS of South Carolina	9.5	36	Premera Blue Cross	11
3	CareFirst BCBS	2	15	BCBS of Mississippi	7	26	MVP Health Plan, Inc.	9.5	37	HealthPlus NY	12
4	LifeWise Health Plan of Arizona, Inc.	2	16	Passport / University Health Care	7	27	AmeriHealth	10	38	Independence Blue Cross	12
5	Oxford Health Plans, LLC	4	17	BCBS of Minnesota	8	28	Harvard Pilgrim Health Care	10	39	BCBS of Western New York	13
6	Priority Health	4	18	BCBS of Texas	8	29	HealthNow NY	10	40	Health Partners, Inc.	13
7	Empire BCBS / Wellpoint	5	19	Humana Inc.	8	30	Horizon BCBS NJ	10	41	BCBS of Nebraska	14
8	Tufts Health Plans	5	20	Regence BCBS of Oregon	8	31	Fallon Community Health Plan	10.5	42	GHI	14
9	United Healthcare	5	21	Wellmark, Inc.	8	32	Anthem*	11	43	Fidelis Care	14
10	BCBS of Montana	6	22	CIGNA Corporation	8.5	33	Dean	11	44	Great-West Healthcare	15
11	AmeriGroup	6.5	23	BCBS of Illinois	9	34	Health Alliance Medical Plans	11	45	Wellcare	16
12	Excellus BCBS	7							46	<b>AmeriChoice</b>	<b>17</b>

AmeriChoice fared quite badly in this measurement due to confusion over effective dates. In a move whereby it adopted several UnitedHealthcare reimbursement policies in Q3, the 'revised' dates listed with the policy titles do not match the 'approval' and 'update' dates posted in the body of these policies. Each policy therefore has a minimum of three different dates, none of which may actually be the date upon which the policy became effective!

It is interesting to see that there is no large clustering effect in the graph, indicating that there is no real 'average' amongst insurers in terms of how well or poorly they present their information. Those that scored the worst continue to issue policies without effective dates, and/or updates without details about what has actually changed in these policies. This not only causes confusion for providers, but allows for certain insurers to routinely breach contract agreements regarding notification

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 would like to see standards being 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.



## 4. Notification Period (NP)

Rank	Total Score	Rank	Total Score	Rank	Total Score	Rank	Total Score				
1	<b>BCBS of Western New York</b>	0.00	12	Independence Blue Cross	2.67	24	Regence BCBS of Oregon	3.21	36	BCBS of Mississippi	3.68
2	HealthNow NY	0.00	13	United Healthcare	2.69	25	BCBS of Minnesota	3.23	37	MVP Health Plan, Inc.	3.71
3	BCBS of Texas	0.83	14	AmeriHealth	2.73	26	UniCare	3.25	38	LifeWise Health Plan of Arizona, Inc.	3.72
4	Oxford Health Plans, LLC	0.92	15	HealthPlus NY	2.83	27	Priority Health	3.26	39	Harvard Pilgrim Health Care	3.75
5	Fallon Community Health Plan	1.08	16	Dean	3.00	28	Anthem*	3.26	40	CareFirst BCBS	3.78
6	Horizon BCBS NJ	1.50	17	Health Alliance Medical Plans	3.00	29	BCBS of Nebraska	3.33	41	AmeriChoice	3.79
7	BCBS of Massachusetts	2.14	18	Aetna	3.05	30	Empire BCBS / Wellpoint	3.53	42	Humana Inc.	3.90
8	Passport / University Health Care	2.29	19	BCBS of Montana	3.10	31	Health Partners, Inc.	3.57	43	BCBS of Florida	4.00
9	BCBS of Illinois	2.34	20	Fidelis Care	3.14	32	CIGNA Corporation	3.58	44	Excellus BCBS	4.00
10	Blue Cross of Northeastern Pennsylvania	2.50	21	BCBS of South Carolina	3.17	33	GHI	3.60	45	Great-West Healthcare	4.00
11	Tufts Health Plans	2.50	22	Wellmark, Inc.	3.17	34	Premera Blue Cross	3.62	46	<b>Health Net, Inc.</b>	<b>4.00</b>
			23	AmeriGroup	3.17	35	Wellcare	3.67			

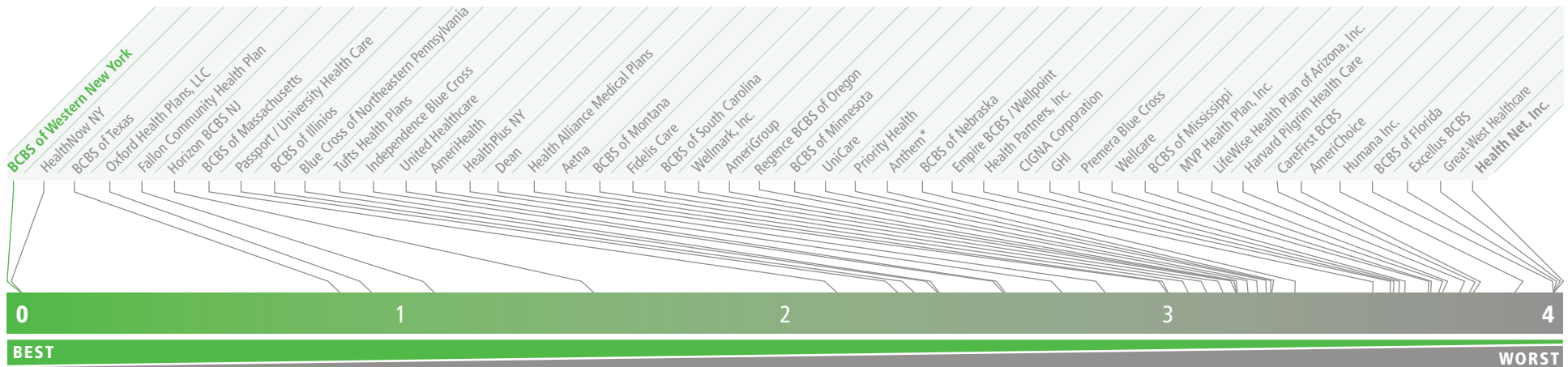
Here we see a distinct clustering effect on the graph with the 'best' clearly standing apart from the rest. Once again, HealthNet remains the worst in this category for the third straight quarter. In addition to not posting an actual effective date (it gives the month but not the day) in the policies themselves, they also post changed policies after they become effective in several instances. Further, the posting date given in these policies does not usually match the date policies are actually posted on its website. It is interesting to note that of all the insurers analyzed, HealthNet is the only one that seems to think that it has no obligation to post changes in a timely or transparent manner. It has a published statement on this that reads:

**Policy Effective Date and Defined Terms.**  
*The date of posting is not the effective date of the Policy. The Policy is effective as of the date determined by HealthNet. All policies are subject to applicable legal and regulatory mandates and requirements for prior notification. If there is a discrepancy between the policy effective date and legal mandates and regulatory requirements, the requirements of law and regulation shall govern. \*In some states, new or revised policies require prior notice or posting on the website before a policy is deemed effective. For information regarding the effective dates of Policies, contact your provider representative. The Policies do not include definitions. All terms are defined by Health Net. For information*

*regarding the definitions of terms used in the Policies, contact your provider representative.*

Confused much?

Meanwhile, improvements made by Independence Blue Cross and AmeriHealth in Q2 have improved their scores for Q3. They continue to post updates timely to their new 'recently released policies' section on both sites.



## 5. Posting Integrity (PI)

We were pleased to see no infractions incurred in this category in Q3.

**Note:** Quarterly Awards will be presented at the close of the fourth quarter, pending final analysis for Q4 and the year, along with the Annual Awards. Details of those awards will be noted in Q4 results, available mid-January 2009.

## Certificates of Merit

Certificates of Merit have been issued to the following companies:

### Aetna Health Plans

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#### *Most Provider-Friendly Insurer*

Q1, 2008

Q2, 2008

Q3, 2008

### Oxford Health Plans

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#### *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. 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	Q3	Q2	Q1	Payer	Q3	Q2	Q1	Payer	Q3	Q2	Q1
Aetna	8.63	8.16	9.29	Blue Cross of NEPA	38.85	N/A	N/A	HealthPlus NY	25.87	N/A	N/A
AmeriChoice	36.60	38.23	40.54	CareFirst BCBS	27.67	15.73	N/A	Horizon BCBS NJ	39.51	29.57	N/A
AmeriGroup	26.87	32.87	35.54	CIGNA Corporation	36.41	21.98	25.87	Humana Inc.	32.95	38.61	40.61
AmeriHealth	30.16	31.28	26.27	ConnectiCare	N/A	48.61	N/A	Independence Blue Cross	39.43	28.33	38.83
Anthem*	35.08	32.80	36.25	Dean	50.59	37.43	42.35	LifeWise Health Plan	25.49	N/A	N/A
Arkansas BCBS	N/A	50.62	N/A	Empire BCBS / Wellpoint	36.84	21.43	N/A	MVP Health Plan	40.89	49.05	N/A
BCBS of Florida	24.04	N/A	N/A	Excellus BCBS	36.08	N/A	N/A	Oxford Health Plans	23.12	15.03	31.66
BCBS of Illinois	36.64	16.82	25.97	Fallon Community Health Plan	73.36	40.77	30.76	Passport Health Plan	45.95	17.25	N/A
BCBS of Massachusetts	27.94	21.94	26.11	Fidelis Care	41.10	N/A	N/A	Premera Blue Cross	37.37	N/A	N/A
BCBS of Minnesota	47.70	44.05	N/A	GHI	48.43	N/A	N/A	Priority Health	13.13	N/A	N/A
BCBS of Mississippi	37.05	N/A	N/A	Great-West Healthcare	53.84	N/A	33.37	Regence BCBS	32.99	20.58	N/A
BCBS of Montana	24.91	N/A	N/A	Harvard Pilgrim Health Care	56.59	50.25	34.59	Total Health Care	N/A	58.31	N/A
BCBS of Nebraska	60.77	59.21	N/A	Health Alliance Medical Plans	39.35	33.10	N/A	Tufts Health Plans	33.40	N/A	N/A
BCBS of South Carolina	31.31	30.52	N/A	Health Net, Inc.	28.21	26.91	30.44	UniCare	30.62	14.70	15.49
BCBS of Texas	34.20	18.32	N/A	Health Partners, Inc.	53.74	N/A	N/A	United Healthcare	25.23	18.35	40.16
BCBS of Western New York	45.22	30.32	N/A	HealthNow NY	41.05	22.39	N/A	Wellcare	33.07	28.36	N/A

