

Conn. Doctors Society Suing Six HMOs Over Coverage

Connecticut's six largest health maintenance organizations are being sued by the state's leading medical society on allegations that they have refused to cover "medically necessary" care. The HMOs include Oxford Health Plans Inc. (OXHP), Cigna Corp. (CI) and Aetna Inc. (AET).

The Connecticut State Medical Society, which is made up of 7,000 of the state's physicians and is located in New Haven, said Wednesday that it brought the suits because "physicians and patients are systematically harmed by illegal policies and practices that the health maintenance organizations engage in." Such alleged policies include denial of care without explanation, and failing to properly staff medical facilities, the society said.

"These lawsuits take direct aim at health plan policies and practices that place critical medical care decisions in the hands of insurance company bureaucrats instead of the professional judgment and expertise of physicians," said Dr. Donald Timmerman, president of the medical society.

Other Connecticut HMOs being sued are: ConnectiCare Inc, Anthem Blue Cross/Blue Shield and Health Net Inc.'s (HNT) Physician Health Services Inc.

The medical society's lawsuits are similar to a class-action lawsuit that Attorney General Richard Blumenthal filed in September against five of the six organizations named in the suits filed Wednesday in New Haven.

In response to the medical society allegations, several of the HMOs said the accusations are without merit.

Aetna said that although it has not yet seen the suit, "it appears that it is similar to claims made in purported class-action suits filed around the country since late 1999. These complaints seek to engage in a policy quarrel with the managed care system."

The Aetna statement said that the HMO has worked with physicians in Connecticut and around the country to address their concerns and "as recently as one week ago, we had a discussion with the Connecticut State Medical Society leadership, and absolutely nothing was said about the issues involved in this litigation."

Instead, Aetna said, those representatives indicated they "were pleased with our evolving relationship and looked forward to the additional initiatives that we are working on together. So we are surprised and disappointed that the parties have chosen to use litigation," which is costly and time consuming, to make their point, said the Aetna press release.

Similarly, Oxford Health Plans said that it has not seen the complaint, but based on the press release from the medical society, "the lawsuit appears to be completely unfounded and without merit, as was the lawsuit filed by the Attorney General's office in September of last year."

In a press release, Oxford said that it "has all but eliminated retrospective denials," and pays "clean claims" faster than industry norms and that it answers physicians' inquiries in a timely manner.

Cigna said in its response that it believes "the suit is unwarranted.

"Cigna Healthcare has a strong commitment to delivering quality, affordable healthcare. Our procedures and practices support this commitment. Medical coverage decisions are made by medical professionals," the HMO said.