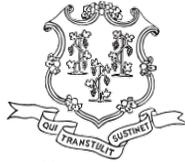




Consumer Report Card
On Health Insurance Carriers
In Connecticut
October 2020



Dear Health Insurance Customer:

Choosing the right health insurance plan among all the available options is very important, and can be very challenging. This Consumer Report Card contains important information to help you pick a plan that is right for you and your family.

Each year the Connecticut Insurance Department (CID) compares Health Maintenance Organizations – commonly referred to as HMOs – and up to 15 insurers with the highest premium volume in Connecticut that offer Managed Care Plans. We also compile information from customer surveys on the overall satisfaction that members have with their plans.

In addition, the Report Card provides data on provider networks by county and offers a range of quality measures such as breast cancer screening, controlling high blood pressure, prenatal care, childhood immunization and much more. You can even compare the track record for each insurer on requests and denials for services and appeal outcomes.

To further assist you, we have provided an easy-to-use worksheet that lists the criteria that the CID believes are most important in selecting a health plan. I urge you to work with your insurer or independent agent to help pick the plan that best meets your needs.

Connecticut residents are fortunate to have many health insurance options. You will find that companies offer a range of benefits at different prices based on various factors. The CID is a state agency that is statutorily required to regulate the insurance industry. As regulators, our only interest is to provide you with the most accurate and unbiased information available.

Reviewing this report card and filling out the worksheet will help you choose the most appropriate plan and company for you and your family.

Sincerely,

Andrew N. Mais
Commissioner

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Frequently Asked Questions

The information in this Report Card is based on data provided by the MCOs as of year-end 2019. This Report Card does not contain information on specific plans offered by the MCOs. Each MCO offers several different plans, and often tailors them to a specific policyholder's needs. You will need to get additional information from the MCO or your employer to make your choice. In addition to this Report Card, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

Q. What types of plans are covered in this comparison?

A. Managed Care Plans offered by HMOs or traditional indemnity companies. These plans attempt to manage the access, cost and quality of health care by promoting early detection and preventive care.

Q. How does CID get its information for this Report Card?

A. CID sends a series of surveys to the companies. Their answers to our questions are summarized and included in this Report Card.

Q. Who can I call if I have questions about the information contained in this Report Card?

A. CID's Consumer Affairs Division at 1-800-203-3447.

Q. Does this Report Card evaluate all benefit options?

A. No. Because different plans provide different benefits, it would be nearly impossible to do so. Also, many benefits are mandated by law and therefore would be the same across plans.

Q. Who can I call if I have questions about specific benefit options?

A. Your employer, your insurer, or your independent agent.

Q. Does this Report Card include information regarding Medicare, Medicaid and other entitlement programs?

A. No.

Q. Does this Report Card also rate Medicare or Medicaid coverage and service?

A. No, the Report Card compares the performance of private, commercial insurers. Medicare is the federal health insurance program for people who are 65 or older and younger individuals with disabilities. Medicare information is available at www.Medicare.gov or through the Connecticut CHOICES at the [Department of Aging and Disability Services](#). Medicaid provides health coverage for low- income populations. In Connecticut, Medicaid is administered by the state Department of Social Services. More information can be found at [Department of Social Services](#).

Q. How are health insurance premiums set?

A. Under Connecticut law, individual and small group health insurance rates must be approved by CID. CID conducts an actuarial review of a health insurer's proposed rates to determine if they are reasonable in relationship to the benefits being provided and are not excessive, inadequate or unfairly discriminatory. CID posts all rate requests on its web site. There is opportunity for the public to comment online or at a public hearing.

Terms Consumers Should Know

Here is a list of common terms used in this Report Card and in health insurance generally:

Adverse determination - A decision that denies, reduces, or terminates a health insurance benefit sought by an enrollee or his or her provider.

Board certified physician - A doctor who has passed the medical examination for a particular practice specialty.

Case management - A process that coordinates plans of treatment to achieve optimal patient outcomes.

Center for Medicare & Medicaid Services - The federal government agency that administers Medicare and oversees the state's administration of the Medicaid program.

Coinsurance - A fixed percentage of the medical costs that an enrollee must pay that may be in addition to any deductible.

Copayment - (copay) A flat fee that an enrollee must pay each time a service is used that may be in addition to any deductible.

Deductible - The dollar amount of medical costs in a calendar or contract year that an enrollee must pay before the plan makes any payments.

Drug formulary - The list of prescription drugs for use under the plan.

Emergency treatment - This is treatment for a condition of acute symptoms, including severe pain, in which a prudent person would believe their health to be in serious jeopardy should he or she not receive immediate medical attention.

Enrollee - A person and his or her eligible dependent(s) who participate in a managed care plan.

Fee for service - The plan pays the provider a fee for each service provided.

Fully insured plan - The plan is backed by an insurance policy that guarantees benefits in exchange for premium payments.

Gatekeeper plan - A plan that requires an enrollee's primary care physician to make a referral to a specialist in order for the plan to cover costs of the specialist's services.

Health maintenance organization (HMO) - With this type of organization, subscribers pay a predetermined fee (premium) for medical services. Participating providers are registered with the organization.

Indemnity managed care organization (indemnity MCO) - A licensed insurer that offers a managed care plan.

Indemnity plan - A health insurance plan that provides reimbursement for medical services covered by the plan.

Managed care plan - A plan offered by a managed care organization that has a network of providers and performs utilization review.

Managed care organization (MCO) - An organization, whether HMO or indemnity insurer, that offers managed care plans.

Maximum lifetime benefit - The maximum dollar amount that a plan will pay out during an enrollee's lifetime for nonessential benefits.

Federal medical loss ratio (MLR) - The percentage of premium used to pay claims and certain permitted expenses.

National Committee on Quality Assurance (NCQA) - A national not for profit that reviews plans' quality and performance measures and confers accreditation.

Terms Consumers Should Know (continued)

Network - The group of providers that are under contract with an MCO to deliver medical services to enrollees for an agreed-upon fee. Generally, benefits for covered services will be higher than those for out-of-network providers.

Point of service plan (POS) - A managed care plan that permits enrollees to utilize out-of-network providers, at lower levels of benefits or coverage.

Preferred provider organization (PPO) - A network plan that allows an enrollee to seek treatment from a non-participating provider at a lower level of benefits.

Premium - The on-going amount paid for health insurance coverage, often monthly. Premium levels are proposed by the MCOs and approved by CID based on actuarial reviews where required by law.

Primary care physician (PCP) - A physician practicing General Internal Medicine, General Practice, Family Practice, General Pediatrics or OB/GYN selected by an enrollee for his or her primary care. For the purposes of this report, however, OB/GYNs are categorized under specialist.

Preauthorization - A plan may require that services or treatment be preapproved before they will be covered. Also referred to as "precertification" or "prior Authorization".

Provider - A physician, hospital, nursing home, pharmacy, lab, or other individual or group that provides health care services.

Reasonable and customary fee - The commonly charged or prevailing fee for a given health service in a specific geographic area.

Referral - The request by a primary care physician to an MCO for an enrollee to receive care from a specialist.

Self-insured plan - A group plan under which an employer takes on the risk to pay claims, but may contract with a third party to administer the plan. These plans are not overseen by CID but are regulated under the federal Employee Retirement Income Security Act of 1974 (ERISA).

Utilization review (UR) - The process used by a plan to determine whether the treatment, services or setting prescribed by a provider is appropriate or medically necessary for an enrollee. It may be conducted by any organization licensed in Connecticut to perform utilization reviews.

The National Committee for Quality Assurance is a not-for-profit organization that reviews quality and performance measures of HMOs and health plans, providing an independent standard of accountability.

Excellent - awarded to organizations with programs for service and clinical quality that meet or exceed rigorous requirements for consumer protection and quality improvement. The organization must also achieve HEDIS results in the highest range of performance.

Commendable - awarded to organizations with well-established programs for service and clinical quality that meet rigorous requirements for consumer protection and quality improvement.

Accredited - awarded to organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement. Organizations awarded this status must take further action to achieve a higher accreditation status.

Provisional - awarded to organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement. Organizations awarded this status must take significant action to achieve a higher accreditation status.

Denied - given to an organization whose programs for service and clinical quality did not meet NCQA requirements during the accreditation survey.

Not Applicable (N/A) - indicates the health plan has not applied for NCQA accreditation.

Managed Care Plan Comparison Worksheet

In addition to this report card, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

	Option 1	Option 2	Option 3	Option 4
Carrier Name				
Plan Name				
Does plans' network include my current Physician(s)				
Does the plans' network include the hospital I prefer				
Plan is a "gatekeeper" plan				
Copayments or Coinsurance amounts				
PCP Visit cost				
Specialist cost				
Urgent Care Visit				
Outpatient Surgery				
Inpatient Hospital Confinement				
Durable Medical Equipment (DME)				
Lab and X-rays				
High cost test (MRI/CAP/PET Scan)				
Prescription Coverage costs				
Generic				
Formulary				
Non-Formulary				
Specialty Drugs				
Out-of-Network Coverage included?				
Out-of-Network Deductible (Individual/Family)				
Coinsurance Amounts				

This worksheet does not include mandated benefits, as all plans must include mandated benefits in Connecticut.

Managed Care Organizations Included in this Report

The companies will be referenced by the abbreviations shown in bold face type.

HMO

Abbreviated Name	Company Name	Website	Phone	Markets to Individuals	NCQA Accreditation
Aetna Health	Aetna Health Inc.	www.aetna.com	800-962-6842	No	Commendable
Anthem	Anthem Health Plans, Inc.	www.anthem.com	multiple numbers	Yes	Excellent
ConnectiCare	ConnectiCare, Inc.	www.connecticare.com	Toll-Free: 800.251.7722 or local: 860.674.5757	Yes	Commendable
Harvard	Harvard Pilgrim Health Care of Connecticut, Inc.	www.harvardpilgrim.org	(888) 333-4742 (HPHC)	No	Not Applicable
Oxford	Oxford Health Plans (CT), Inc.	www.oxhp.com	800-666-1353	No	Commendable

Indemnity

Abbreviated Name	Company Name	Website	Phone	Markets to Individuals	NCQA Accreditation
Aetna Life	Aetna Life Insurance Company	www.aetna.com	800-962-6842	No	Commendable
Anthem	Anthem Health Plans, Inc.	www.anthem.com	multiple numbers	Yes	Commendable
Cigna H & L	Cigna Health and Life Insurance Company	www.cigna.com	1-800-244-6224	No	Commendable
ConnectiCare Benefits	ConnectiCare Benefits, Inc.	www.connecticare.com	Toll-Free: 800.221.7722 or local: 800.674.5757	Yes	Commendable
ConnectiCare	ConnectiCare Insurance Company, Inc.	www.connecticare.com	Toll Free: 800.251.7722 or Local: 860.674.5757	Yes	Commendable
HPHC	HPHC Insurance Company, Inc.	www.harvardpilgrim.org	(888) 333-4742 (HPHC)	No	Commendable
Oxford Health	Oxford Health Insurance, Inc.	www.oxhp.com	800-666-1353	No	Commendable
United	UnitedHealthcare Insurance Company	www.uhc.com	800-666-1353	No	Commendable

Managed Care Organizations - 2019 Enrollment

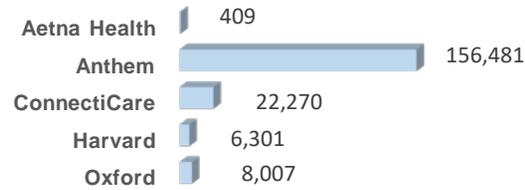
	Fully Insured*			Other Enrollment**			Total Enrollment		
	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans
HMO									
Aetna Health	0	26	202	0	0	181	0	26	383
Anthem	10,182	1,576	3,553	0	0	141,170	10,182	1,576	144,723
ConnectiCare	465	78	21,727	0	0	0	465	78	21,727
Harvard	0	5,232	1,069	0	0	0	0	5,232	1,069
Oxford	0	3,500	4,507	0	0	0	0	3,500	4,507
Totals	10,647	10,412	31,058	0	0	141,351	10,647	10,412	172,409
	Fully Insured*			Other Enrollment**			Total Enrollment		
	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans
INDEMNITY									
Aetna Life	367	33,355	41,968	0	0	207,999	367	33,355	249,967
Anthem	17,223	48,320	31,163	0	0	627,867	17,223	48,320	659,030
Cigna H & L	0	275	43,720	0	1,736	289,259	0	2,011	332,979
ConnectiCare Benefits	70,327	292	0	0	0	0	70,327	292	0
ConnectiCare	7,890	16,869	43,896	0	3,661	4,028	7,890	20,530	47,924
HPHC	0	8,462	10,036	0	0	3,273	0	8,462	13,309
Oxford Health	0	50,914	16,166	0	0	0	0	50,914	16,166
United	0	1,996	54,208	0	0	0	0	1,996	54,208
Totals	95,807	160,483	241,157	0	5,397	1,132,426	95,807	165,880	1,373,583

*Fully Insured plans do not include government sponsored plans.

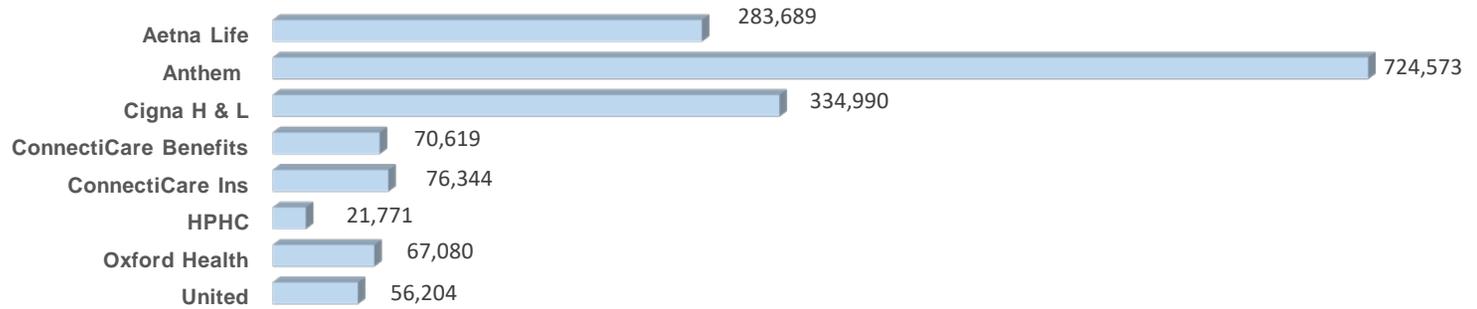
**Other Enrollment represents self-insured plans.

Managed Care Organizations - 2019 Enrollment

HMO

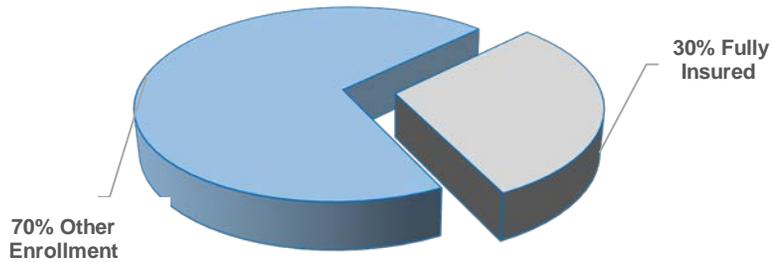


Indemnity

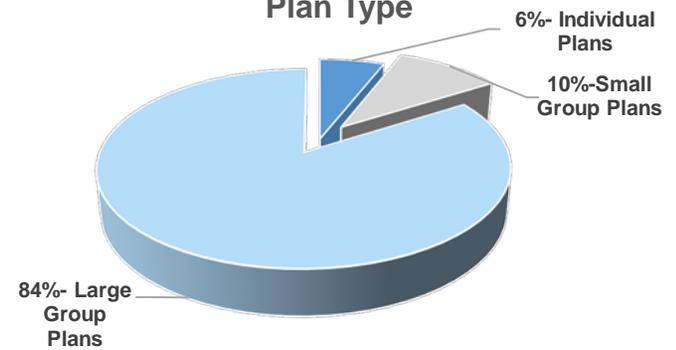


**Total Enrollment
1,828,738**

**Enrollment
Fully Insured vs. Other Enrollment**



Plan Type



Member Satisfaction

HMO	0 - 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna Health	0.0%	12.4%	87.6%
Anthem	1.6%	15.1%	83.3%
ConnectiCare	5.7%	25.0%	69.3%
Harvard	9.7%	45.7%	44.6%
Oxford	5.0%	24.9%	70.1%
Indemnity	0 - 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna Life	5.0%	36.8%	58.2%
Anthem	2.9%	26.8%	70.3%
Cigna H & L	4.6%	29.4%	66.0%
ConnectiCare Benefits	14.2%	50.6%	35.2%
HPHC	5.6%	30.9%	63.5%
Oxford Health	8.6%	20.1%	71.3%
United	3.4%	41.2%	55.4%

Member Satisfaction Survey – HMO

		Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.		20%	11%	2%	8%	2%
Percentage of those surveyed who responded		16%	21%	16%	12%	13%
Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	0.0%	1.1%	2.9%	0.0%	2.2%
	Sometimes	16.7%	10.6%	14.3%	12.8%	18.7%
	Usually	16.7%	35.0%	51.4%	33.3%	31.3%
	Always	66.6%	53.3%	31.4%	53.9%	47.8%
Q2) In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Never	0.0%	0.9%	5.0%	0.0%	1.7%
	Sometimes	13.3%	11.4%	17.5%	17.3%	17.7%
	Usually	26.7%	27.4%	27.5%	30.8%	32.0%
	Always	60.0%	60.3%	50.0%	51.9%	48.6%
Q3) In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Never	0.0%	1.7%	8.7%	0.0%	1.2%
	Sometimes	0.0%	7.6%	8.7%	3.8%	11.1%
	Usually	0.0%	21.0%	8.7%	15.4%	18.5%
	Always	100.0%	69.7%	73.9%	80.8%	69.1%
Q4) In the last 12 months, how often was it easy to get care, tests or treatment, you needed?	Never	0.0%	0.5%	4.7%	0.0%	0.0%
	Sometimes	0.0%	3.9%	9.3%	9.4%	8.8%
	Usually	37.5%	33.2%	25.5%	37.7%	33.0%
	Always	62.5%	62.4%	60.5%	52.9%	58.2%
Q5) In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	0.0%	1.3%	9.5%	4.5%	1.4%
	Sometimes	0.0%	9.5%	9.5%	13.6%	10.0%
	Usually	83.3%	32.4%	33.4%	40.9%	21.4%
	Always	16.7%	56.8%	47.6%	41.0%	67.1%

Member Satisfaction Survey – Indemnity

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.	16%	6%	5%	2%	1%	9%	2%	2%
Percentage of those surveyed who responded	17%	17%	20%	16%	14%	13%	15%	13%

Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	2.6%	1.8%	1.0%	10.1%	0.0%	2.6%	2.0%	4.3%
	Sometimes	12.8%	8.3%	14.6%	13.6%	15.1%	17.8%	7.4%	13.8%
	Usually	30.9%	30.3%	41.2%	28.4%	29.0%	30.3%	27.5%	29.3%
	Always	53.7%	59.6%	43.2%	47.9%	55.9%	49.3%	63.1%	52.6%

Q2) In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Never	1.6%	2.5%	2.0%	8.2%	1.0%	1.5%	2.1%	4.1%
	Sometimes	17.0%	14.0%	15.0%	10.5%	12.7%	12.6%	9.5%	18.2%
	Usually	25.8%	32.4%	31.6%	24.2%	21.6%	37.4%	27.0%	23.0%
	Always	55.6%	51.1%	51.4%	57.1%	64.7%	48.5%	61.4%	54.7%

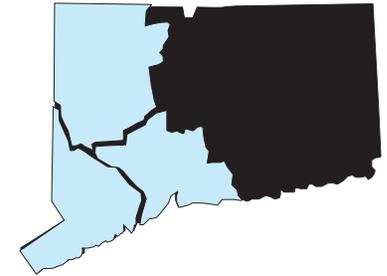
Q3) In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Never	1.2%	1.4%	0.0%	13.4%	2.2%	1.1%	1.2%	0.0%
	Sometimes	15.0%	8.5%	14.7%	12.8%	4.3%	11.4%	5.8%	8.5%
	Usually	14.0%	23.2%	23.5%	16.1%	19.6%	31.8%	17.2%	25.6%
	Always	69.8%	66.9%	61.8%	57.7%	73.9%	55.7%	75.9%	65.9%

Q4) In the last 12 months, how often was it easy to get care, tests or treatment, you needed?	Never	0.0%	0.6%	1.2%	2.4%	0.9%	0.5%	1.6%	1.9%
	Sometimes	9.2%	6.8%	8.1%	13.1%	4.3%	11.3%	9.1%	13.1%
	Usually	32.1%	38.9%	36.4%	30.1%	29.3%	33.0%	29.0%	32.5%
	Always	58.7%	53.7%	54.3%	54.4%	65.5%	55.2%	60.2%	52.5%

Q5) In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	4.6%	5.2%	1.1%	14.7%	2.3%	4.8%	1.1%	0.0%
	Sometimes	18.8%	20.3%	16.1%	22.7%	14.0%	8.4%	16.5%	17.5%
	Usually	32.8%	23.7%	36.6%	23.3%	39.5%	38.6%	31.9%	36.8%
	Always	43.8%	50.8%	46.2%	39.3%	44.2%	48.2%	50.6%	45.6%

Health Maintenance Organization

Number of Providers Located in Each Connecticut County



HMO	Fairfield County				New Haven County				Litchfield County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Health	1,176	2,705	5	158	1,341	3,173	6	179	162	564	3	37
Anthem	1,255	2,004	7	165	1,434	2,703	5	189	147	164	1	40
ConnectiCare	1,160	2,750	6	171	1,230	3,391	5	183	170	542	2	39
Harvard	664	3,339	6	164	690	5,190	6	188	78	339	2	40
Oxford	1,054	2,527	6	170	1,137	3,116	7	183	161	472	2	40

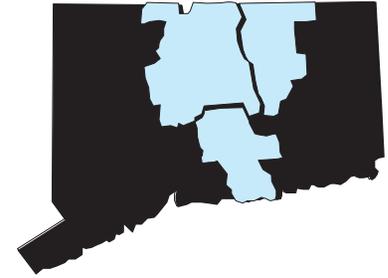
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in Fairfield, New Haven and Litchfield counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

If a HMO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Health Maintenance Organization

Number of Providers Located in Each Connecticut County



HMO	Hartford County				Tolland County				Middlesex County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Health	1,205	2,632	7	179	165	405	2	24	217	475	1	37
Anthem	1,391	2,397	7	182	109	51	2	23	209	197	1	39
ConnectiCare	1,327	3,493	7	183	133	244	2	24	241	398	1	38
Harvard	1,039	6,947	7	175	46	217	2	23	97	325	1	40
Oxford	1,053	2,533	7	178	139	267	2	24	225	429	1	37

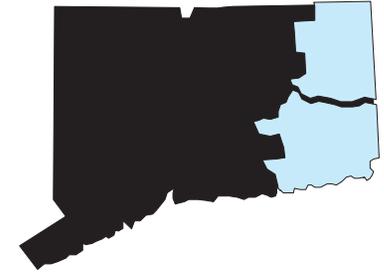
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in Hartford, Tolland and Middlesex counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

If a HMO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Health Maintenance Organization

Number of Providers Located in Each Connecticut County



HMO	New London County				Windham County				Totals For All Counties			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Health	268	781	2	48	133	326	2	23	4,667	11,061	28	685
Anthem	325	406	2	52	142	126	2	23	5,012	8,048	27	713
ConnectiCare	272	736	2	53	123	240	2	23	4,656	11,794	27	714
Harvard	167	806	2	52	94	385	2	23	2,875	17,548	28	705
Oxford	238	699	1	51	114	316	2	23	4,121	10,359	28	706

Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/ GYN physicians are not considered to be primary care physicians for this tabulation.

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the HMO's enrollees.

If a HMO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County



Indemnity Managed Care Organization	Fairfield County				New Haven County				Litchfield County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Life	1,176	2,705	5	158	1,341	3,173	6	179	162	564	3	37
Anthem	1,265	2,036	7	165	1,436	2,733	5	189	148	168	1	40
Cigna H & L	1,276	4,490	6	173	1,443	5,597	6	185	212	648	2	39
ConnectiCare Benefits	1,068	2,661	6	171	1,169	3,338	5	183	166	541	2	39
ConnectiCare	1,160	2,750	6	171	1,230	3,391	5	183	170	542	2	39
HPHC	664	3,339	6	164	690	5,190	6	188	78	339	2	40
Oxford Health	1,054	2,527	6	170	1,137	3,116	7	183	161	472	2	40
United	1,054	2,527	6	170	1,137	3,116	7	183	161	472	2	40

Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each MCO provider network in Fairfield, New Haven and Litchfield counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the MCO's enrollees.

If a MCO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County



Indemnity Managed Care Organization	Hartford County				Tolland County				Middlesex County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Life	1,205	2,632	7	179	165	405	2	24	217	475	1	37
Anthem	1,390	2,422	7	182	110	52	2	23	209	202	1	39
Cigna H & L	1,288	5,448	7	184	138	663	2	24	243	830	1	38
ConnectiCare Benefits	1,232	3,374	7	183	130	242	2	24	236	380	1	38
ConnectiCare	1,327	3,493	7	183	133	244	2	24	241	398	1	38
HPHC	1,039	6,947	7	175	46	217	2	23	97	325	1	40
Oxford Health	1,053	2,533	7	178	139	267	2	24	225	429	1	37
United	1,053	2,533	7	178	139	267	2	24	225	429	1	37

Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in Hartford, Tolland and Middlesex counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the MCO's enrollees.

If a MCO utilizes more than one provider network, the network containing the least number of primary care physicians is represented

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County



Indemnity Managed Care Organization	New London County				Windham County				Totals For All Counties			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Life	268	781	2	48	133	326	2	23	4,667	11,061	28	685
Anthem	326	414	2	52	142	130	2	23	5,026	8,157	27	713
Cigna H & L	291	1,366	2	53	157	473	2	23	5,048	19,515	28	719
ConnectiCare Benefits	265	706	2	53	121	238	2	23	4,387	11,480	27	714
ConnectiCare	272	736	2	53	123	240	2	23	4,656	11,794	27	714
HPHC	167	806	2	52	94	385	2	23	2,875	17,548	28	705
Oxford Health	238	699	1	51	114	316	2	23	4,121	10,359	28	706
United	238	699	1	51	114	316	2	23	4,121	10,359	28	706

Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/ GYN physicians are not considered to be primary care physicians for this tabulation.

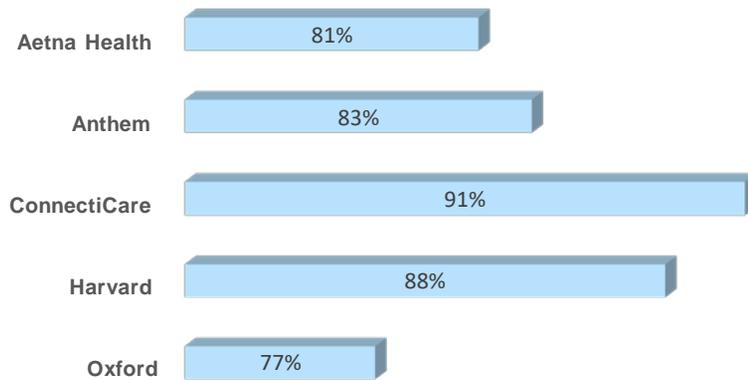
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more than one county were placed in the county that has the largest number of the MCO's enrollees.

If a MCO utilizes more than one provider network, the network containing the least number of primary care physicians is represented.

Medical Measures / Usage - Health Maintenance Organizations

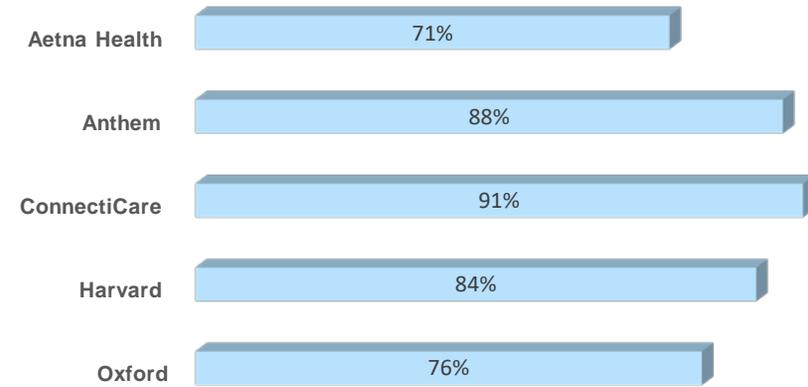
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the HMO's provider network who were board certified as of December 31, 2019.



Percentage of Physicians Specialist Who Are Board Certified

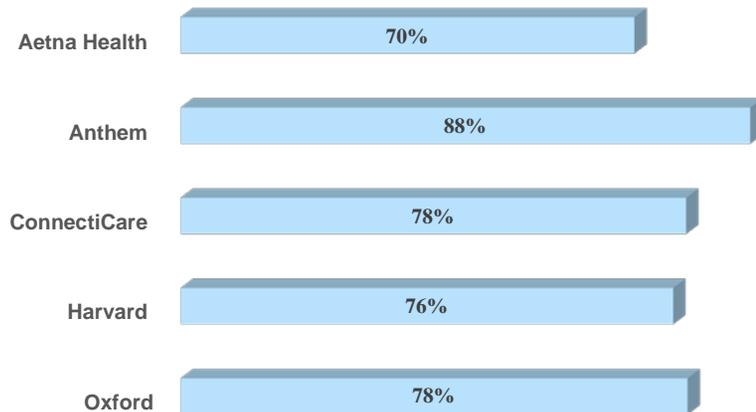
The percentage of physician specialists in the HMO's provider network who were board certified as of December 31, 2019.



Medical Measures / Usage - Health Maintenance Organizations

Breast Cancer Screening

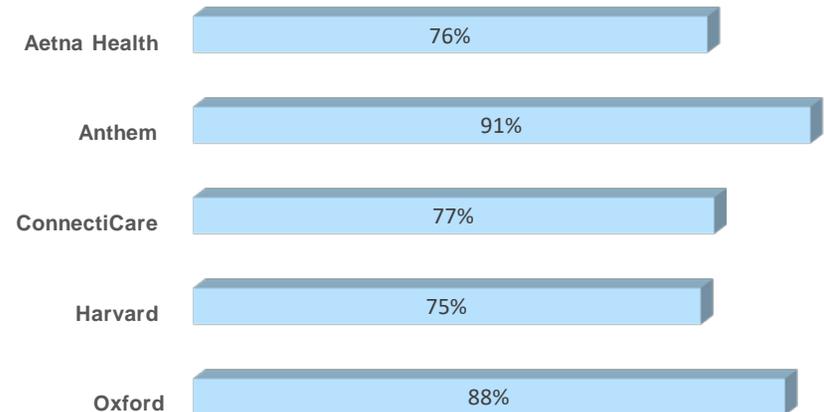
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2019; and (b) were continuously enrolled from October 1, 2017 through December 31, 2019; and (c) had 1 or more mammogram between October 1, 2017 and December 31, 2019.



Cervical Cancer Screening

The percentage of enrolled women who were age 24 through 64 years as of December 31, 2019; and were continuously enrolled during 2017, 2018, 2019; and who were either;

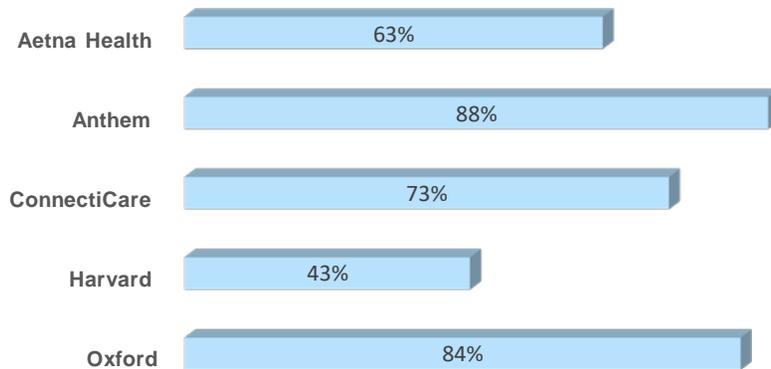
- A. a woman age 21-64, who had cervical cytology performed during 2017, 2018 or 2019; or
- B. from the women who did not meet (A), that are woman age 30-64 as of December 31, 2019, who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years, or woman age 30-64 as of December 31, 2019, who had cervical/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.



Medical Measures / Usage - Health Maintenance Organizations

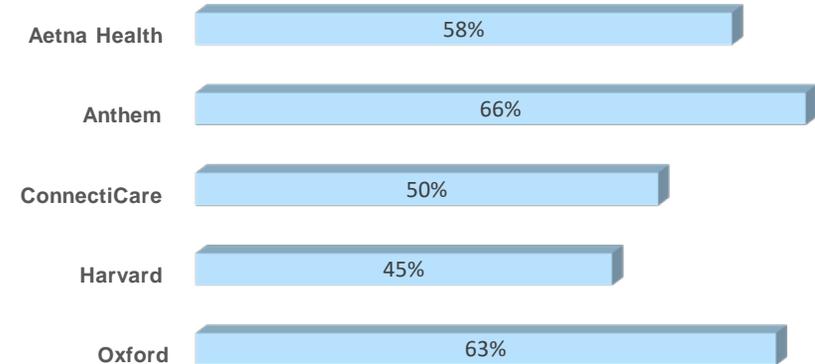
Colorectal Cancer Screening

The percentage of members 51-75 years as of December 31, 2019, who were continuously enrolled during 2018 and 2019, who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: (a) Fecal occult blood test (FOBT) during 2019, (b) flexible sigmoidoscopy during 2019 or the 4 years prior, (c) colonoscopy during 2019 or the 9 years prior, (d) CT colonography during 2019 or the 4 years prior, (e) FIT-DNA test during 2019 or the 2 years prior.



Controlling High Blood Pressure

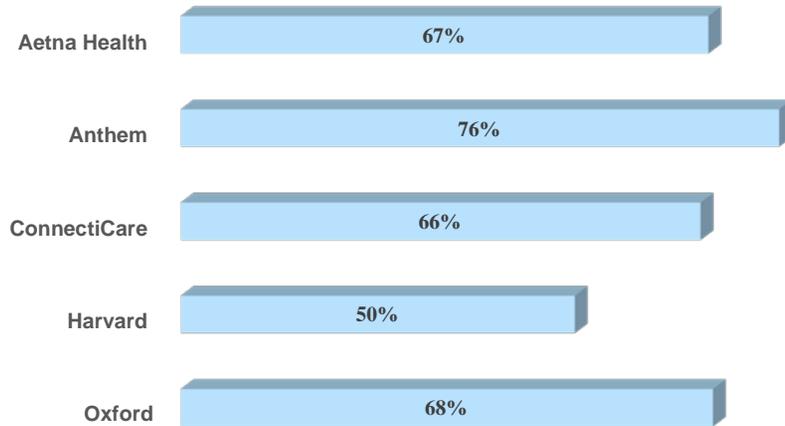
The percentage of members 18-85 years as of December 31, 2019, who were continuously enrolled during 2019, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled (<140/90 mm Hg) during 2019.



Medical Measures / Usage - Health Maintenance Organizations

Childhood Immunizations

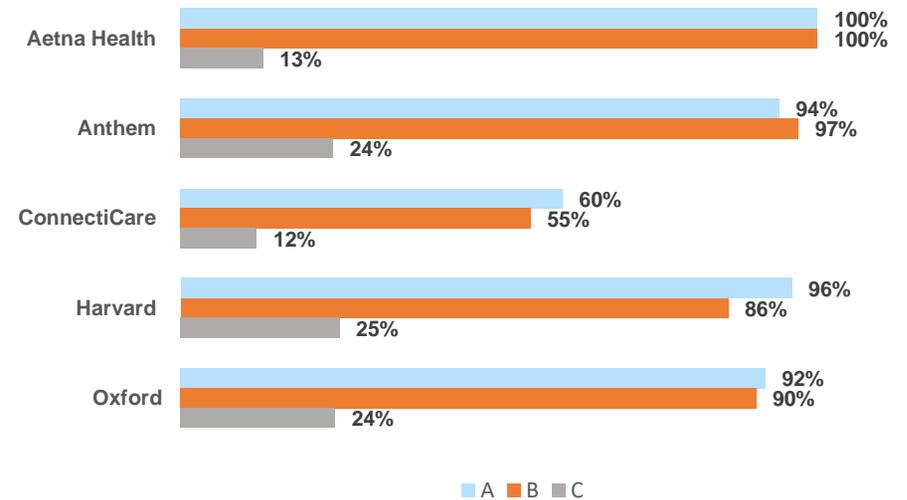
The percentage of enrolled children who: (a) turned two years old during 2019; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, hepatitis a and rotavirus are included in this measure.



Immunizations for Adolescents

The percentage of members who turned 13 years of age during 2019, who were continuously enrolled 12 months prior to their 13th birthday who:

- (A) had at least one meningococcal conjugate vaccine with a date of service on or between the member's 11th and 13th birthday.
- (B) had at least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthday.
- (C) had at least three human papillomavirus (HPV) vaccines, with different dates of service on or between the member's 9th and 13th birthday, or at least two (HPV) vaccines with different dates of service on or between the member's 9th and 13th birthday.

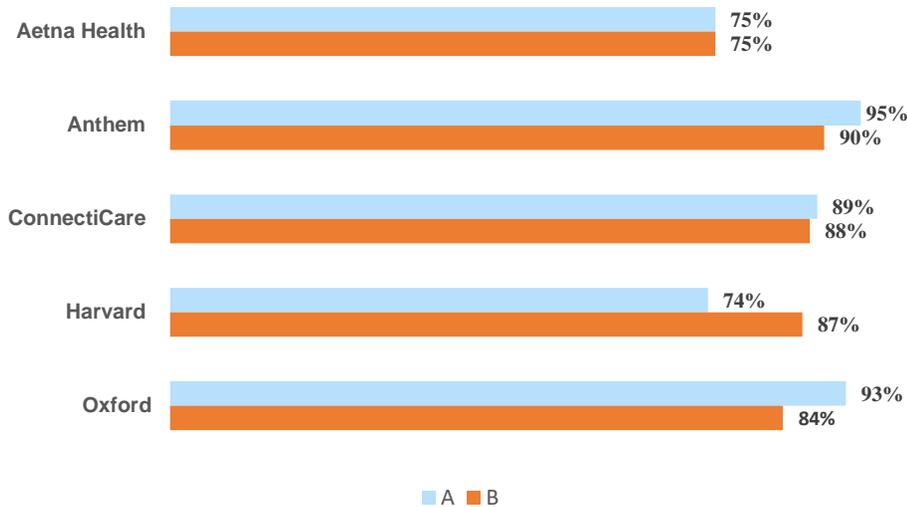


Medial Measures / Usage - Health Maintenance Organizations

Prenatal Care in the First Trimester & Postpartum Care Following Delivery

The percentage of enrolled women who: delivered a live birth on or between October 8, 2018 and October 7, 2019; and were continuously enrolled for 43 days prior to delivery through 60 days after delivery; and

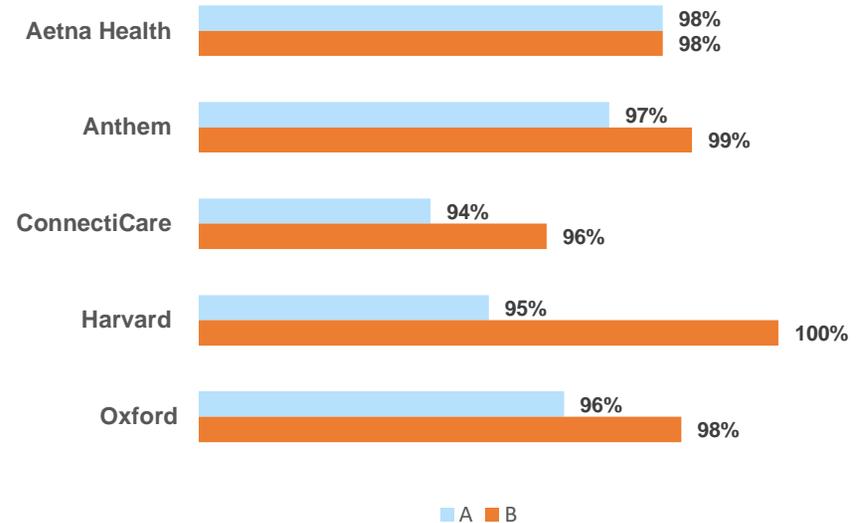
- (A) had at least one pre-natal care visit in the first trimester or on the enrollment start date, or within 42 days of enrollment in the Managed Care Organization.
- (B) had a postpartum visit on or between 7 and 84 days after delivery.



Adult Access to Preventive and Ambulatory Health Services

The percentage of enrollees who were continuously enrolled in the plan during 2017, 2018 and 2019; and had at least one ambulatory or preventive care visit in 2017, 2018 or 2019; that

- (A) were age 20-44 as of December 31, 2019.
- (B) were age 45-64 as of December 31, 2019.

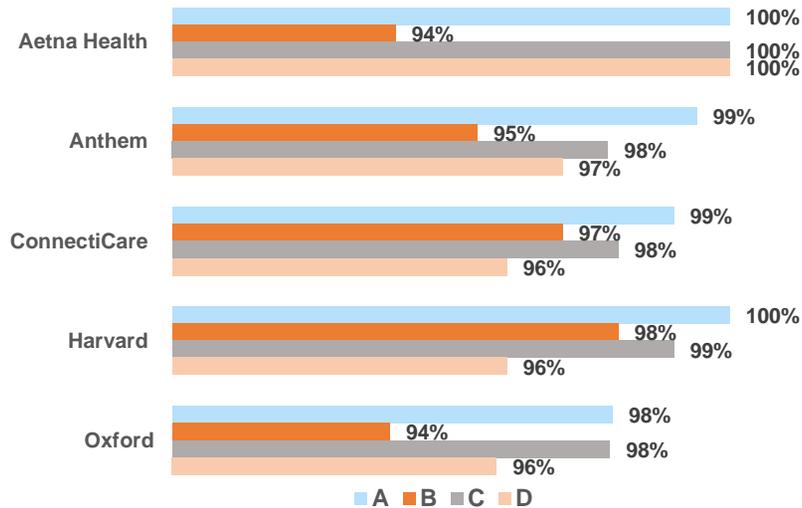


Medical Measures / Usage - Health Maintenance Organizations

Child & Adolescents Access to Primary Care Physicians (PCP)

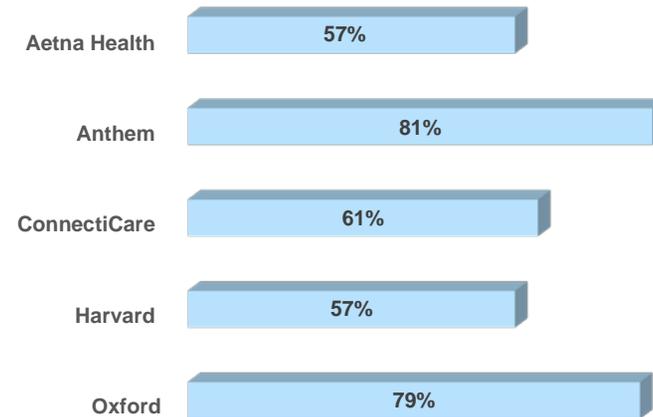
The percentage of members 12 months-19 years of age who:

- (A) children 12-24 months of age as of December 31, 2019 and were continuously enrolled in the plan during 2019; and had a visit with a PCP during 2019.
- (B) children 25 months-6 years of age as of December 31, 2019 and were continuously enrolled in the plan during 2019; and had a visit with a PCP during 2019.
- (C) children 7-11 years of age as of December 31, 2019 and were continuously enrolled in the plan during 2018 and 2019; and had a visit with a PCP during 2018 or 2019.
- (D) children 12-19 years of age as of December 31, 2019 and were continuously enrolled in the plan during 2018 and 2019; and had a visit with a PCP during 2018 or 2019.



Eye Exams for People with Diabetes

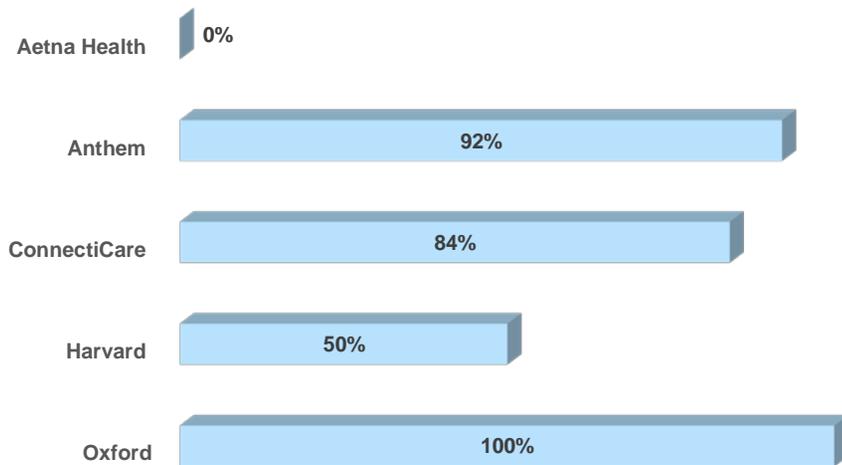
The percentage of all members with diabetes (type II and I) who were enrolled on December 31, 2019; and (b) were 18 through 75 years of age during 2019; and (c) were continuously enrolled during 2019; (d) who had either a retinal or dilated eye examination in 2019, or had a negative retinal or dilated eye examination in 2018, or a bilateral eye enucleation anytime during the members history through December 31, 2019.



Medical Measures / Usage – Health Maintenance Organizations

Beta Blocker Treatments After a Heart Attack

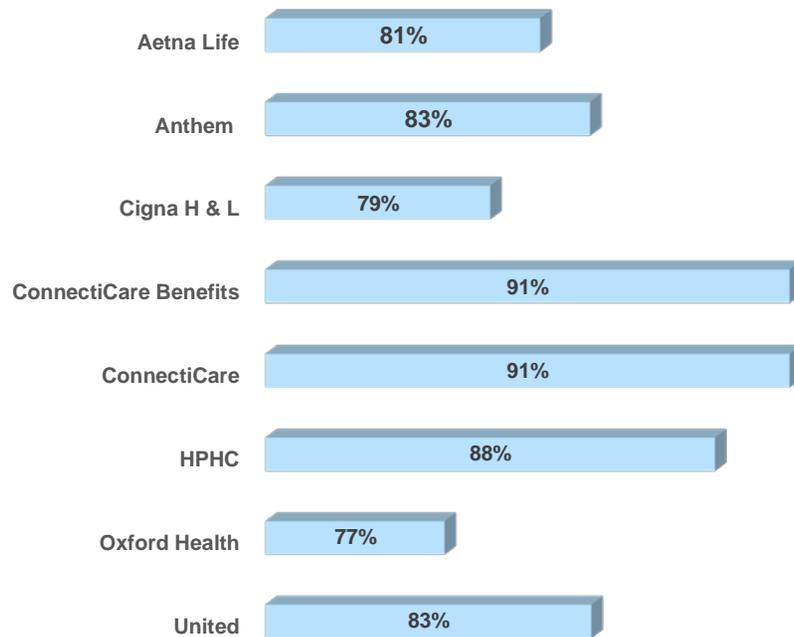
The percentage of all members who: (a) were age 18 years and older as of December 31, 2019 and (b) were hospitalized and discharged between July 1, 2018 and June 30, 2019; and (c) were continuously enrolled from the discharge date through 179 days after the discharge; and (d) had a diagnosis of Acute Myocardial Infarction (AMI); and (e) received persistent beta-blocker treatment for 6 months after discharge.



Medical Measures / Usage - Indemnity Managed Care Organizations

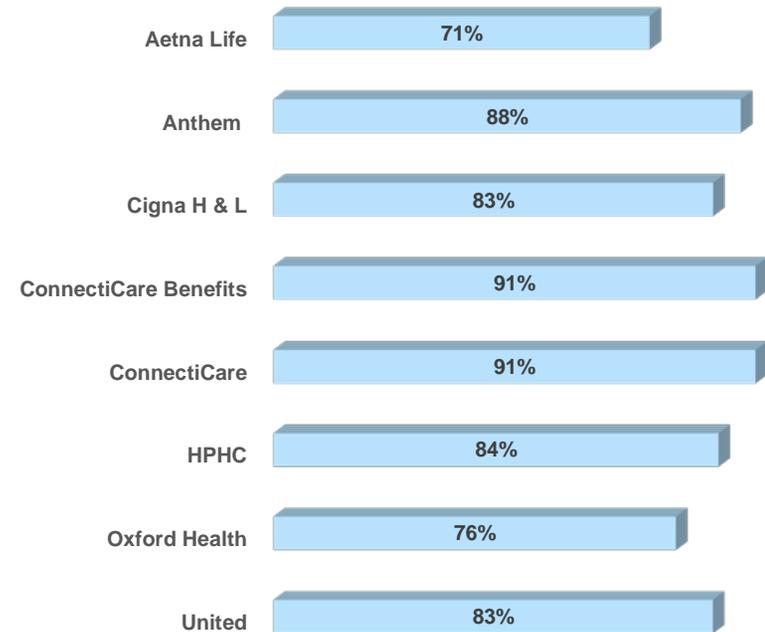
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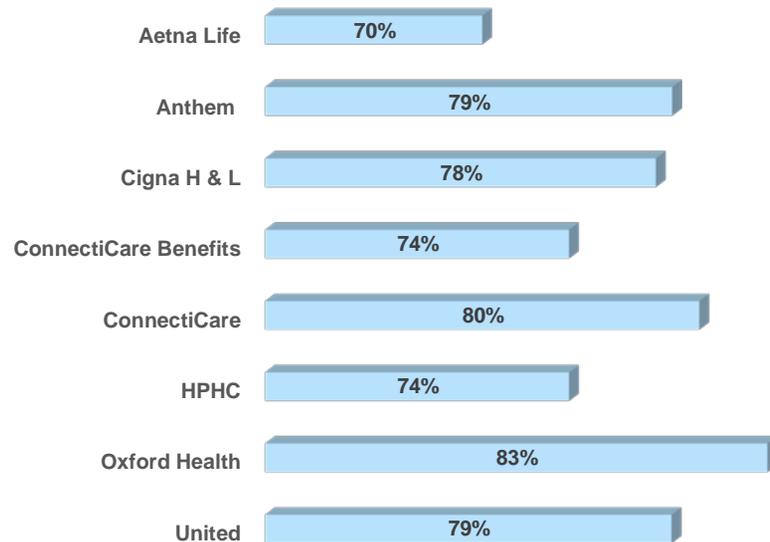
The percentage of physician specialists in the Managed Care Organization provider network who were board certified as of December 31, 2019.



Medical Measures / Usage - Indemnity Managed Care Organizations

Breast Cancer Screening

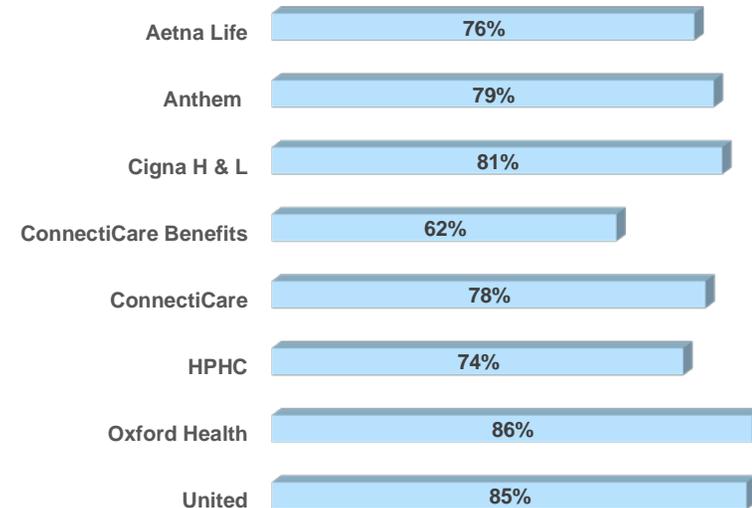
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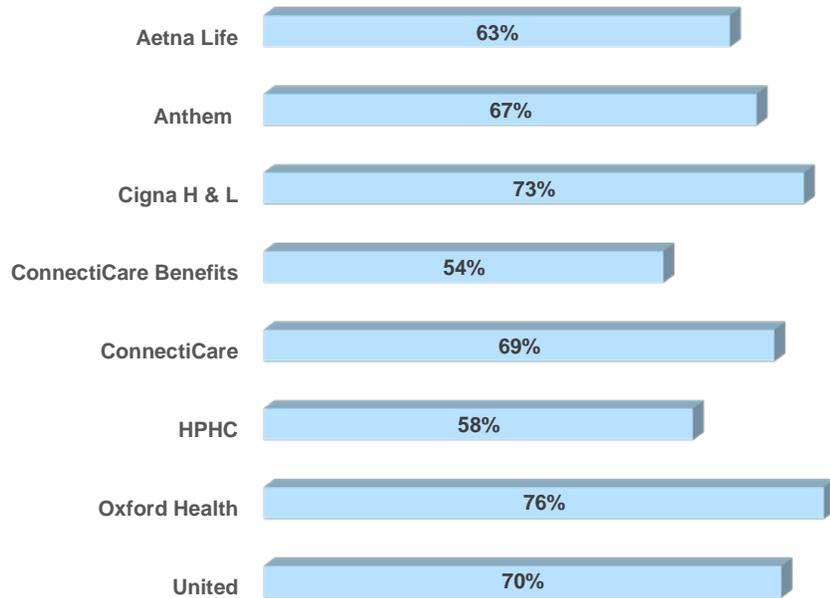
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Medical Measures / Usage - Indemnity Managed Care Organizations

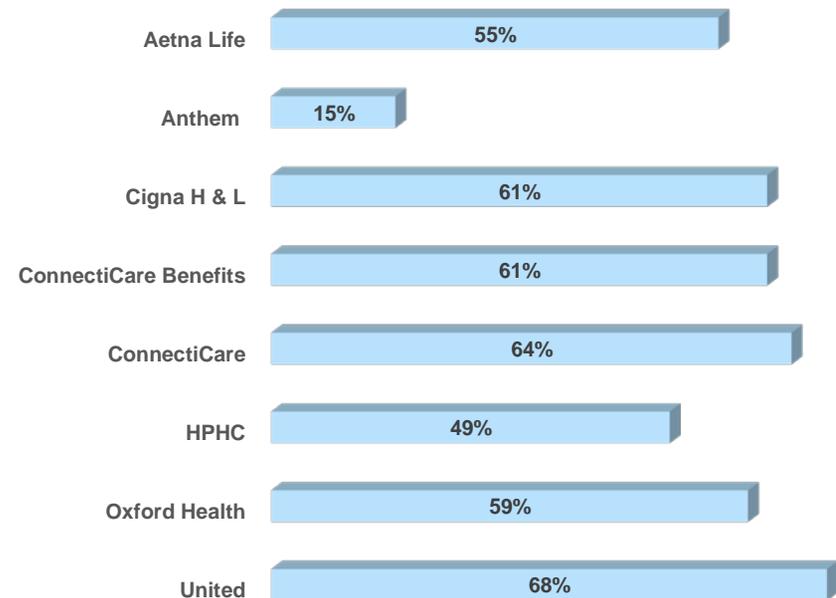
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Controlling High Blood Pressure

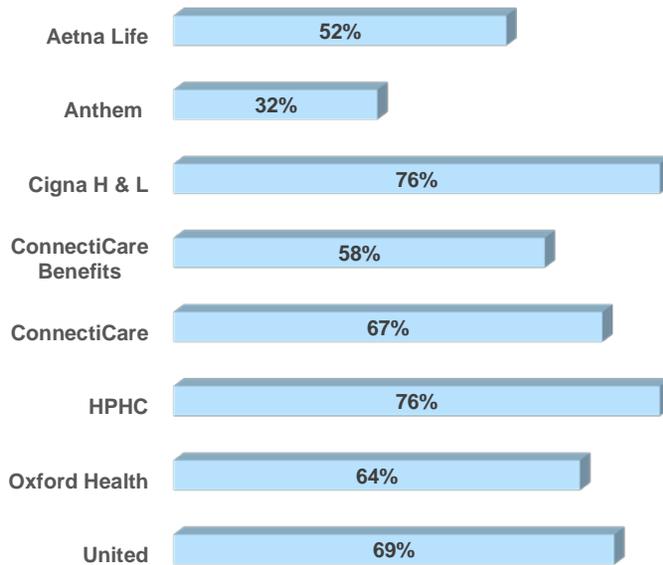
The percentage of members 18-85 years as of December 31, 2019, who were continuously enrolled during 2019, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled (<140/90mm Hg) during 2019.



Medical Measures / Usage - Indemnity Managed Care Organizations

Childhood Immunizations

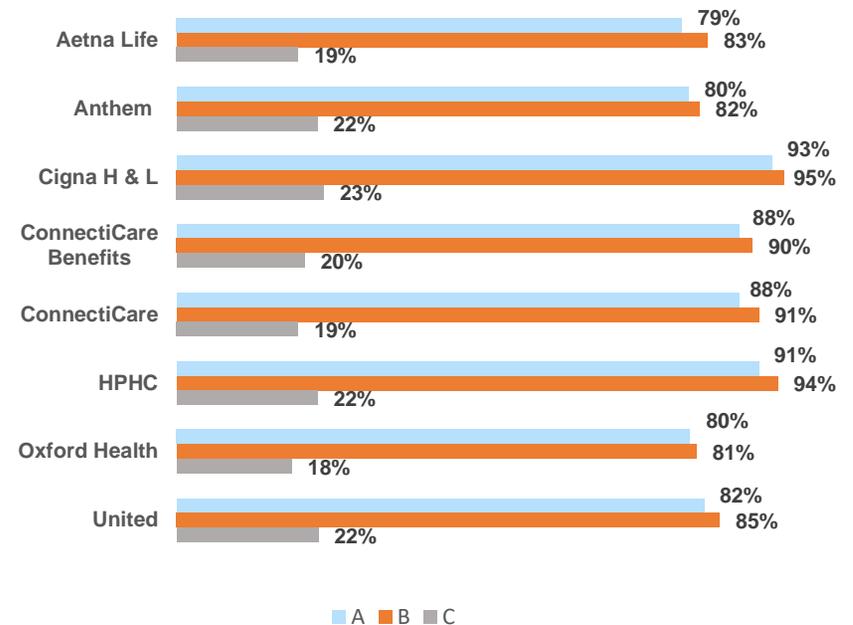
The percentage of enrolled children who: (a) turned two years old during 2019; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, hepatitis a and rotavirus are included in this measure.



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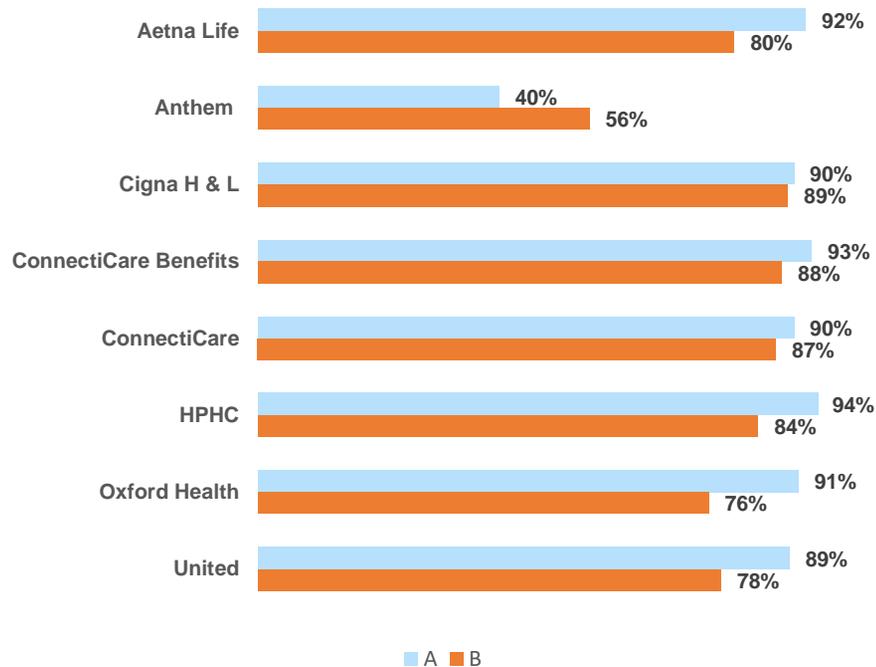


Medical Measures / Usage - Indemnity Managed Care Organizations

Prenatal Care in the First Trimester & Postpartum Care Following Delivery

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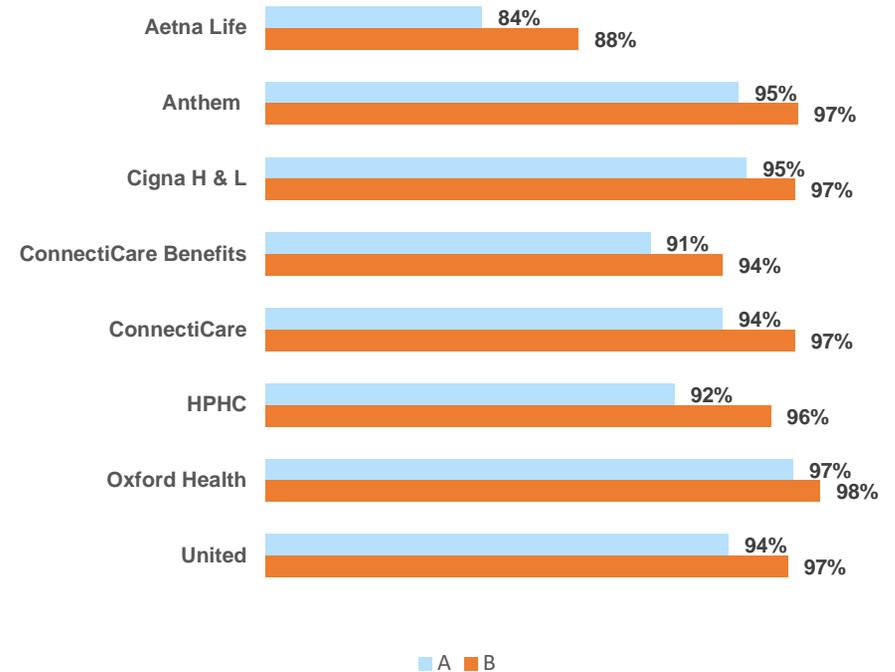
- (A) who had at least one pre-natal care visit in the first trimester or on the enrollment start date, or within 42 days of enrollment in the Managed Care Organization.
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- (B) were age 45-64 as of December 31, 2019.

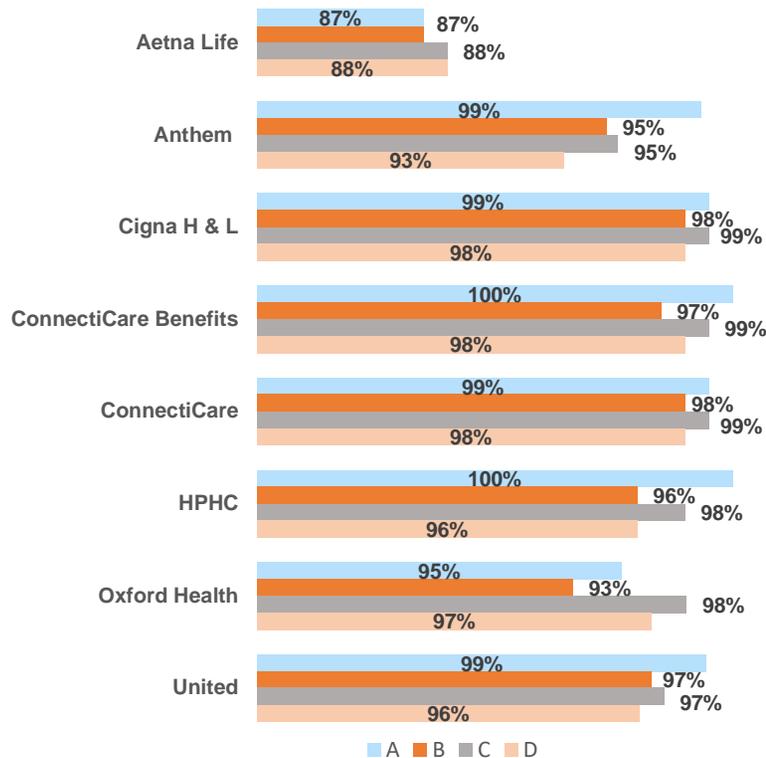


Medical Measures / Usage - Indemnity Managed Care Organizations

Child & Adolescents Access to Primary Care Physicians (PCP)

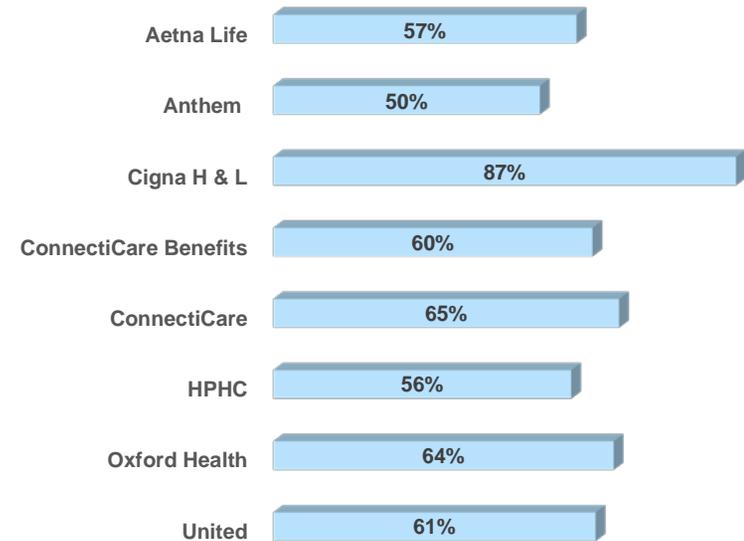
The percentage of members 12 months-19 years of age who:

- (A) children 12-24 months of age as of December 31, 2019 and were continuously enrolled in the plan during 2019; and had a visit with a PCP during 2019.
- (B) children 25 months-6 years of age as of December 31, 2019 and were continuously enrolled in the plan during 2019; and had a visit with a PCP during 2019.
- (C) children 7-11 years of age as of December 31, 2019 and were continuously enrolled in the plan during 2018 and 2019; and had a visit with a PCP during 2018 or 2019.
- (D) children 12-19 years of age as of December 31, 2019 and were continuously enrolled in the plan during 2018 and 2019; and had a visit with a PCP during 2018 or 2019.



Eye Exams for People with Diabetes

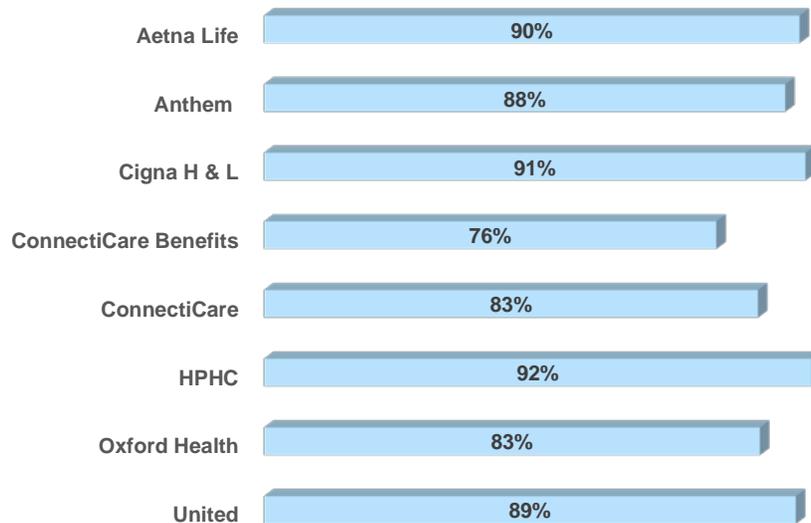
The percentage of all members with diabetes (type II and I) who were enrolled on December 31, 2019; and (b) were 18 through 75 years of age during 2019; and (c) were continuously enrolled during 2019; (d) who had either a retinal or dilated eye examination in 2019, or had a negative retinal or dilated eye examination in 2018, or a bilateral eye enucleation anytime during the members history through December 31, 2019.



Medical Measures / Usage - Indemnity Managed Care Organizations

Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 18 years and older as of December 31, 2019 and (b) were hospitalized and discharged between July 1, 2018 and June 30, 2019; and (c) were continuously enrolled from the discharge date through 179 days after the discharge; and (d) had a diagnosis of Acute Myocardial Infarction (AMI); and (e) received persistent beta-blocker treatment for 6 months after discharge.



Next - Utilization Review

Utilization Review (UR) is the process by which your health plan determines whether the treatment or services prescribed by your physician are appropriate or medically necessary to treat your condition. Your health plan may contract with a licensed specialty utilization review company to review recommended treatment for specific types of services (i.e. behavioral health, diagnostic services, prescription drugs, etc.).

For purposes of understanding the charts below, a higher percentage of UR denials means that more requests for prescribed treatment were denied, in whole or in part, by the health plan when compared to other plans.

Conversely, a lower percentage of UR denials when compared to other health plans means that more requests for services were approved by the health plan.

Utilization Review Data – 2019

HMO - Aetna Health	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	10	1	11
1. Based on Medical Necessity	9	1	10
2. Based on anything other than Medical Necessity	1	0	1
B. The total number of UR requests in A, that were denied*.	4	0	4
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of UR requests that were denied* based on A.	40%	0%	36%
1. Based on Medical Necessity	33%	0%	30%
2. Based on anything other than Medical Necessity	100%	0%	100%
C. The total number of denials in B above that were appealed.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of denials in B above that were appealed.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
D. The total number of appeals in C that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in C that were upheld on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
F. The number of appeals in E that went to external appeal (through CID)	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2019

HMO - Anthem	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	5,766	584	6,350
1. Based on Medical Necessity	5,688	583	6,271
2. Based on anything other than Medical Necessity	78	1	79
B. The total number of UR requests in A, that were denied*.	519	18	537
1. Based on Medical Necessity	506	17	523
2. Based on anything other than Medical Necessity	13	1	14
The Percentage of UR requests that were denied* based on A.	9%	3%	8%
1. Based on Medical Necessity	9%	3%	8%
2. Based on anything other than Medical Necessity	17%	100%	18%
C. The total number of denials in B above that were appealed.	62	10	72
1. Based on Medical Necessity	58	10	68
2. Based on anything other than Medical Necessity	4	0	4
The Percentage of denials in B above that were appealed.	12%	56%	13%
1. Based on Medical Necessity	11%	59%	13%
2. Based on anything other than Medical Necessity	31%	0%	29%
D. The total number of appeals in C that were reversed on appeal.	22	4	26
1. Based on Medical Necessity	20	4	24
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of appeals that were reversed on appeal.	35%	40%	36%
1. Based on Medical Necessity	34%	40%	35%
2. Based on anything other than Medical Necessity	50%	0%	50%
E. The total number of appeals in C that were upheld on appeal.	40	6	46
1. Based on Medical Necessity	38	6	44
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of appeals in C that were upheld on appeal.	65%	60%	64%
1. Based on Medical Necessity	66%	60%	65%
2. Based on anything other than Medical Necessity	50%	0%	50%
F. The number of appeals in E that went to external appeal (through CID)	4	0	4
1. Based on Medical Necessity	4	0	4
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	10%	0%	9%
1. Based on Medical Necessity	11%	0%	9%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	25%	0%	25%
1. Based on Medical Necessity	25%	0%	25%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data - 2019

HMO - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	14,677	919	15,596
1. Based on Medical Necessity	14,333	914	15,247
2. Based on anything other than Medical Necessity	344	5	349
B. The total number of UR requests in A, that were denied*.	2,788	30	2,818
1. Based on Medical Necessity	2,444	25	2,469
2. Based on anything other than Medical Necessity	344	5	349
The Percentage of UR requests that were denied* based on A.	19%	3%	18%
1. Based on Medical Necessity	17%	3%	16%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	150	2	152
1. Based on Medical Necessity	136	2	138
2. Based on anything other than Medical Necessity	14	0	14
The Percentage of denials in B above that were appealed.	5%	7%	5%
1. Based on Medical Necessity	6%	8%	6%
2. Based on anything other than Medical Necessity	4%	0%	4%
D. The total number of appeals in C that were reversed on appeal.	52	1	53
1. Based on Medical Necessity	51	1	52
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals that were reversed on appeal.	35%	50%	35%
1. Based on Medical Necessity	38%	50%	38%
2. Based on anything other than Medical Necessity	7%	0%	7%
E. The total number of appeals in C that were upheld on appeal.	98	1	99
1. Based on Medical Necessity	85	1	86
2. Based on anything other than Medical Necessity	13	0	13
The Percentage of appeals in C that were upheld on appeal.	65%	50%	65%
1. Based on Medical Necessity	63%	50%	62%
2. Based on anything other than Medical Necessity	93%	0%	93%
F. The number of appeals in E that went to external appeal. (through CID)	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2019

HMO - Harvard	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	2,028	169	2,197
1. Based on Medical Necessity	1,934	169	2,103
2. Based on anything other than Medical Necessity	94	0	94
B. The total number of UR requests in A, that were denied*.	259	5	264
1. Based on Medical Necessity	215	5	220
2. Based on anything other than Medical Necessity	44	0	44
The Percentage of UR requests that were denied* based on A.	13%	3%	12%
1. Based on Medical Necessity	11%	3%	10%
2. Based on anything other than Medical Necessity	47%	0%	47%
C. The total number of denials in B above that were appealed.	29	0	29
1. Based on Medical Necessity	18	0	18
2. Based on anything other than Medical Necessity	11	0	11
The Percentage of denials in B above that were appealed.	11%	0%	11%
1. Based on Medical Necessity	8%	0%	8%
2. Based on anything other than Medical Necessity	25%	0%	25%
D. The total number of appeals in C that were reversed on appeal.	12	0	12
1. Based on Medical Necessity	10	0	10
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of appeals that were reversed on appeal.	41%	0%	41%
1. Based on Medical Necessity	56%	0%	56%
2. Based on anything other than Medical Necessity	18%	0%	18%
E. The total number of appeals in C that were upheld on appeal.	17	0	17
1. Based on Medical Necessity	8	0	8
2. Based on anything other than Medical Necessity	9	0	9
The Percentage of appeals in C that were upheld on appeal.	59%	0%	59%
1. Based on Medical Necessity	44%	0%	44%
2. Based on anything other than Medical Necessity	82%	0%	82%
F. The number of appeals in E that went to external appeal. (through CID)	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	6%	0%	6%
1. Based on Medical Necessity	13%	0%	13%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2019

HMO - Oxford	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	8,852	841	9,693
1. Based on Medical Necessity	6,235	829	7,064
2. Based on anything other than Medical Necessity	2,617	12	2,629
B. The total number of UR requests in A, that were denied*.	509	228	737
1. Based on Medical Necessity	409	219	628
2. Based on anything other than Medical Necessity	100	9	109
The Percentage of UR requests that were denied* based on A.	6%	27%	8%
1. Based on Medical Necessity	7%	26%	9%
2. Based on anything other than Medical Necessity	4%	75%	4%
C. The total number of denials in B above that were appealed.	106	7	113
1. Based on Medical Necessity	74	7	81
2. Based on anything other than Medical Necessity	32	0	32
The Percentage of denials in B above that were appealed.	21%	3%	15%
1. Based on Medical Necessity	18%	3%	13%
2. Based on anything other than Medical Necessity	32%	0%	29%
D. The total number of appeals in C that were reversed on appeal.	71	2	73
1. Based on Medical Necessity	49	2	51
2. Based on anything other than Medical Necessity	22	0	22
The Percentage of appeals that were reversed on appeal.	67%	29%	65%
1. Based on Medical Necessity	66%	29%	63%
2. Based on anything other than Medical Necessity	69%	0%	69%
E. The total number of appeals in C that were upheld on appeal.	35	5	40
1. Based on Medical Necessity	25	5	30
2. Based on anything other than Medical Necessity	10	0	10
The Percentage of appeals in C that were upheld on appeal.	33%	71%	35%
1. Based on Medical Necessity	34%	71%	37%
2. Based on anything other than Medical Necessity	31%	0%	31%
F. The number of appeals in E that went to external appeal. (through CID)	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2019

Indemnity - Aetna Life	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	1,597	156	1,753
1. Based on Medical Necessity	1,582	156	1,738
2. Based on anything other than Medical Necessity	15	0	15
B. The total number of UR requests in A, that were denied*.	355	13	368
1. Based on Medical Necessity	345	13	358
2. Based on anything other than Medical Necessity	10	0	10
The Percentage of UR requests that were denied* based on A.	22%	8%	36%
1. Based on Medical Necessity	22%	8%	30%
2. Based on anything other than Medical Necessity	67%	0%	100%
C. The total number of denials in B above that were appealed.	61	3	64
1. Based on Medical Necessity	61	3	64
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of denials in B above that were appealed.	17%	23%	17%
1. Based on Medical Necessity	18%	23%	18%
2. Based on anything other than Medical Necessity	0%	0%	0%
D. The total number of appeals in C that were reversed on appeal.	26	1	27
1. Based on Medical Necessity	26	1	27
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	43%	33%	42%
1. Based on Medical Necessity	43%	33%	42%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	35	2	37
1. Based on Medical Necessity	35	2	37
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in C that were upheld on appeal.	57%	67%	58%
1. Based on Medical Necessity	57%	67%	58%
2. Based on anything other than Medical Necessity	0%	0%	0%
F. The number of appeals in E that went to external appeal (through CID)	8	1	9
1. Based on Medical Necessity	8	1	9
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	23%	50%	24%
1. Based on Medical Necessity	23%	50%	24%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	13%	0%	11%
1. Based on Medical Necessity	13%	0%	11%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2019

Indemnity - Anthem	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	81,231	3,166	84,397
1. Based on Medical Necessity	80,784	3,151	83,935
2. Based on anything other than Medical Necessity	447	15	462
B. The total number of UR requests in A, that were denied*.	8,213	140	8,353
1. Based on Medical Necessity	7,892	125	8,017
2. Based on anything other than Medical Necessity	321	15	336
The Percentage of UR requests that were denied* based on A.	10%	4%	10%
1. Based on Medical Necessity	10%	4%	10%
2. Based on anything other than Medical Necessity	72%	100%	73%
C. The total number of denials in B above that were appealed.	342	64	406
1. Based on Medical Necessity	308	64	372
2. Based on anything other than Medical Necessity	34	0	34
The Percentage of denials in B above that were appealed.	4%	46%	5%
1. Based on Medical Necessity	4%	51%	5%
2. Based on anything other than Medical Necessity	11%	0%	10%
D. The total number of appeals in C that were reversed on appeal.	132	11	143
1. Based on Medical Necessity	113	11	124
2. Based on anything other than Medical Necessity	19	0	19
The Percentage of appeals that were reversed on appeal.	39%	17%	35%
1. Based on Medical Necessity	37%	17%	33%
2. Based on anything other than Medical Necessity	56%	0%	56%
E. The total number of appeals in C that were upheld on appeal.	210	53	263
1. Based on Medical Necessity	195	53	248
2. Based on anything other than Medical Necessity	15	0	15
The Percentage of appeals in C that were upheld on appeal.	61%	83%	65%
1. Based on Medical Necessity	63%	83%	67%
2. Based on anything other than Medical Necessity	44%	0%	44%
F. The number of appeals in E that went to external appeal. (through CID)	31	8	39
1. Based on Medical Necessity	27	8	35
2. Based on anything other than Medical Necessity	4	0	4
The Percentage of appeals in E that went to external appeal. (through CID)	15%	15%	15%
1. Based on Medical Necessity	14%	15%	14%
2. Based on anything other than Medical Necessity	27%	0%	27%
G. The total number of external appeals above in F that were reversed on appeal.	12	3	15
1. Based on Medical Necessity	12	3	15
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	39%	38%	38%
1. Based on Medical Necessity	44%	38%	43%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2019

Indemnity - Cigna H & L	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	92,520	2,614	95,134
1. Based on Medical Necessity	92,488	2,609	95,097
2. Based on anything other than Medical Necessity	32	5	37
B. The total number of UR requests in A, that were denied*.	23,587	791	24,378
1. Based on Medical Necessity	23,558	786	24,344
2. Based on anything other than Medical Necessity	29	5	34
The Percentage of UR requests that were denied* based on A.	25%	30%	26%
1. Based on Medical Necessity	25%	30%	26%
2. Based on anything other than Medical Necessity	91%	100%	92%
C. The total number of denials in B above that were appealed.	581	36	617
1. Based on Medical Necessity	556	33	589
2. Based on anything other than Medical Necessity	25	3	28
The Percentage of denials in B above that were appealed.	2%	5%	3%
1. Based on Medical Necessity	2%	4%	2%
2. Based on anything other than Medical Necessity	86%	60%	82%
D. The total number of appeals in C that were reversed on appeal.	263	12	275
1. Based on Medical Necessity	239	12	251
2. Based on anything other than Medical Necessity	24	0	24
The Percentage of appeals that were reversed on appeal.	45%	33%	45%
1. Based on Medical Necessity	43%	36%	43%
2. Based on anything other than Medical Necessity	96%	0%	86%
E. The total number of appeals in C that were upheld on appeal.	318	24	342
1. Based on Medical Necessity	317	21	338
2. Based on anything other than Medical Necessity	1	3	4
The Percentage of appeals in C that were upheld on appeal.	55%	67%	55%
1. Based on Medical Necessity	57%	64%	57%
2. Based on anything other than Medical Necessity	4%	100%	14%
F. The number of appeals in E that went to external appeal. (through CID)	10	6	16
1. Based on Medical Necessity	10	6	16
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	3%	25%	5%
1. Based on Medical Necessity	3%	29%	5%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	6	3	9
1. Based on Medical Necessity	6	3	9
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	60%	50%	56%
1. Based on Medical Necessity	60%	50%	56%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2019

Indemnity - ConnectiCare Benefits	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	49,210	2,761	51,971
1. Based on Medical Necessity	47,927	2,753	50,680
2. Based on anything other than Medical Necessity	1,283	8	1,291
B. The total number of UR requests in A, that were denied*.	10,075	84	10,159
1. Based on Medical Necessity	8,792	76	8,868
2. Based on anything other than Medical Necessity	1,283	8	1,291
The Percentage of UR requests that were denied* based on A.	20%	3%	20%
1. Based on Medical Necessity	18%	3%	17%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	477	4	481
1. Based on Medical Necessity	439	4	443
2. Based on anything other than Medical Necessity	38	0	38
The Percentage of denials in B above that were appealed.	5%	5%	5%
1. Based on Medical Necessity	5%	5%	5%
2. Based on anything other than Medical Necessity	3%	0%	3%
D. The total number of appeals in C that were reversed on appeal.	162	1	163
1. Based on Medical Necessity	159	1	160
2. Based on anything other than Medical Necessity	3	0	3
The Percentage of appeals that were reversed on appeal.	34%	25%	34%
1. Based on Medical Necessity	36%	25%	36%
2. Based on anything other than Medical Necessity	8%	0%	8%
E. The total number of appeals in C that were upheld on appeal.	315	3	318
1. Based on Medical Necessity	280	3	283
2. Based on anything other than Medical Necessity	35	0	35
The Percentage of appeals in C that were upheld on appeal.	66%	75%	66%
1. Based on Medical Necessity	64%	75%	64%
2. Based on anything other than Medical Necessity	92%	0%	92%
F. The number of appeals in E that went to external appeal. (through CID)	7	3	10
1. Based on Medical Necessity	7	3	10
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	2%	100%	3%
1. Based on Medical Necessity	3%	100%	4%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	2	2	4
1. Based on Medical Necessity	2	2	4
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	29%	67%	40%
1. Based on Medical Necessity	29%	67%	40%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2019

Indemnity - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	38,099	3,289	41,388
1. Based on Medical Necessity	36,153	3,283	39,436
2. Based on anything other than Medical Necessity	1,946	6	1,952
B. The total number of UR requests in A, that were denied*.	8,916	108	9,024
1. Based on Medical Necessity	6,970	102	7,072
2. Based on anything other than Medical Necessity	1,946	6	1,952
The Percentage of UR requests that were denied* based on A.	23%	3%	22%
1. Based on Medical Necessity	19%	3%	18%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	475	5	480
1. Based on Medical Necessity	437	5	442
2. Based on anything other than Medical Necessity	38	0	38
The Percentage of denials in B above that were appealed.	5%	5%	5%
1. Based on Medical Necessity	6%	5%	6%
2. Based on anything other than Medical Necessity	2%	0%	2%
D. The total number of appeals in C that were reversed on appeal.	167	1	168
1. Based on Medical Necessity	167	1	168
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	35%	20%	35%
1. Based on Medical Necessity	38%	20%	38%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	308	4	312
1. Based on Medical Necessity	270	4	274
2. Based on anything other than Medical Necessity	38	0	38
The Percentage of appeals in C that were upheld on appeal.	65%	80%	65%
1. Based on Medical Necessity	62%	80%	62%
2. Based on anything other than Medical Necessity	100%	0%	100%
F. The number of appeals in E that went to external appeal. (through CID)	9	4	13
1. Based on Medical Necessity	8	4	12
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals in E that went to external appeal. (through CID)	3%	100%	4%
1. Based on Medical Necessity	3%	100%	4%
2. Based on anything other than Medical Necessity	3%	0%	3%
G. The total number of external appeals above in F that were reversed on appeal.	5	1	6
1. Based on Medical Necessity	4	1	5
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of external appeals above in F that were reversed on appeal.	56%	25%	46%
1. Based on Medical Necessity	50%	25%	42%
2. Based on anything other than Medical Necessity	100%	0%	100%

Utilization Review Data – 2019

Indemnity - HPHC	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	7,227	870	8,097
1. Based on Medical Necessity	6,867	870	7,737
2. Based on anything other than Medical Necessity	360	0	360
B. The total number of UR requests in A, that were denied*.	1,094	36	1,130
1. Based on Medical Necessity	937	36	973
2. Based on anything other than Medical Necessity	157	0	157
The Percentage of UR requests that were denied* based on A.	15%	4%	14%
1. Based on Medical Necessity	14%	4%	13%
2. Based on anything other than Medical Necessity	44%	0%	44%
C. The total number of denials in B above that were appealed.	112	17	129
1. Based on Medical Necessity	86	17	103
2. Based on anything other than Medical Necessity	26	0	26
The Percentage of denials in B above that were appealed.	10%	47%	11%
1. Based on Medical Necessity	9%	47%	11%
2. Based on anything other than Medical Necessity	17%	0%	17%
D. The total number of appeals in C that were reversed on appeal.	52	8	60
1. Based on Medical Necessity	47	8	55
2. Based on anything other than Medical Necessity	5	0	5
The Percentage of appeals that were reversed on appeal.	46%	47%	47%
1. Based on Medical Necessity	55%	47%	53%
2. Based on anything other than Medical Necessity	19%	0%	19%
E. The total number of appeals in C that were upheld on appeal.	60	8	68
1. Based on Medical Necessity	39	8	47
2. Based on anything other than Medical Necessity	21	0	21
The Percentage of appeals in C that were upheld on appeal.	54%	47%	53%
1. Based on Medical Necessity	45%	47%	46%
2. Based on anything other than Medical Necessity	81%	0%	81%
F. The number of appeals in E that went to external appeal. (through CID)	3	0	3
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	5%	0%	4%
1. Based on Medical Necessity	8%	0%	6%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	3	0	3
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	100%	0%	100%
1. Based on Medical Necessity	100%	0%	100%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2019

Indemnity - Oxford Health	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	57,178	3,692	60,870
1. Based on Medical Necessity	48,943	3,600	52,543
2. Based on anything other than Medical Necessity	8,235	92	8,327
B. The total number of UR requests in A, that were denied*.	10,751	883	11,634
1. Based on Medical Necessity	10,248	879	11,127
2. Based on anything other than Medical Necessity	503	4	507
The Percentage of UR requests that were denied* based on A.	19%	24%	19%
1. Based on Medical Necessity	21%	24%	21%
2. Based on anything other than Medical Necessity	6%	4%	6%
C. The total number of denials in B above that were appealed.	722	13	735
1. Based on Medical Necessity	509	10	519
2. Based on anything other than Medical Necessity	213	3	216
The Percentage of denials in B above that were appealed.	7%	1%	6%
1. Based on Medical Necessity	5%	1%	5%
2. Based on anything other than Medical Necessity	42%	75%	43%
D. The total number of appeals in C that were reversed on appeal.	420	4	424
1. Based on Medical Necessity	295	4	299
2. Based on anything other than Medical Necessity	125	0	125
The Percentage of appeals that were reversed on appeal.	58%	31%	58%
1. Based on Medical Necessity	58%	40%	58%
2. Based on anything other than Medical Necessity	59%	0%	58%
E. The total number of appeals in C that were upheld on appeal.	302	9	311
1. Based on Medical Necessity	214	6	220
2. Based on anything other than Medical Necessity	88	3	91
The Percentage of appeals in C that were upheld on appeal.	42%	69%	42%
1. Based on Medical Necessity	42%	60%	42%
2. Based on anything other than Medical Necessity	41%	100%	42%
F. The number of appeals in E that went to external appeal. (through CID)	13	0	13
1. Based on Medical Necessity	13	0	13
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	4%	0%	4%
1. Based on Medical Necessity	6%	0%	6%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	7	0	7
1. Based on Medical Necessity	7	0	7
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	54%	0%	54%
1. Based on Medical Necessity	54%	0%	54%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2019

Indemnity - United	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	19,242	4,022	23,264
1. Based on Medical Necessity	14,873	4,006	18,879
2. Based on anything other than Medical Necessity	4,369	16	4,385
B. The total number of UR requests in A, that were denied*.	4,601	715	5,316
1. Based on Medical Necessity	4,042	699	4,741
2. Based on anything other than Medical Necessity	559	16	575
The Percentage of UR requests that were denied* based on A.	24%	18%	23%
1. Based on Medical Necessity	27%	17%	25%
2. Based on anything other than Medical Necessity	13%	100%	13%
C. The total number of denials in B above that were appealed.	471	21	492
1. Based on Medical Necessity	374	19	393
2. Based on anything other than Medical Necessity	97	2	99
The Percentage of denials in B above that were appealed.	10%	3%	9%
1. Based on Medical Necessity	9%	3%	8%
2. Based on anything other than Medical Necessity	17%	13%	17%
D. The total number of appeals in C that were reversed on appeal.	279	7	286
1. Based on Medical Necessity	229	6	235
2. Based on anything other than Medical Necessity	50	1	51
The Percentage of appeals that were reversed on appeal.	59%	33%	58%
1. Based on Medical Necessity	61%	32%	60%
2. Based on anything other than Medical Necessity	52%	50%	52%
E. The total number of appeals in C that were upheld on appeal.	192	14	206
1. Based on Medical Necessity	145	13	158
2. Based on anything other than Medical Necessity	47	1	48
The Percentage of appeals in C that were upheld on appeal.	41%	67%	42%
1. Based on Medical Necessity	39%	68%	40%
2. Based on anything other than Medical Necessity	48%	50%	48%
F. The number of appeals in E that went to external appeal. (through CID)	14	0	14
1. Based on Medical Necessity	11	0	11
2. Based on anything other than Medical Necessity	3	0	3
The Percentage of appeals in E that went to external appeal. (through CID)	7%	0%	7%
1. Based on Medical Necessity	8%	0%	7%
2. Based on anything other than Medical Necessity	6%	0%	6%
G. The total number of external appeals above in F that were reversed on appeal.	6	0	6
1. Based on Medical Necessity	4	0	4
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of external appeals above in F that were reversed on appeal.	43%	0%	43%
1. Based on Medical Necessity	36%	0%	36%
2. Based on anything other than Medical Necessity	67%	0%	67%

Fully Insured Behavioral Health Statistics for 2019

HMO - Aetna Health	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	1	0	0	0	0	0
Number of UR Requests Denied	0	0	0	0	0	0
Percentage of UR Requests that were Denied	0%	0%	0%	0%	0%	0%
Number of Denials that were Appealed	0	0	0	0	0	0
Percentage of Denials that were Appealed	0%	0%	0%	0%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

HMO - Anthem	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	247	89	47	98	100	3
Number of UR Requests Denied	1	10	3	2	2	0
Percentage of UR Requests that were Denied	0%	11%	6%	2%	2%	0%
Number of Denials that were Appealed	0	4	0	0	2	0
Percentage of Denials that were Appealed	0%	40%	0%	0%	100%	0%
Number of Appeals that Reversed the decision	0	2	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	50%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	1	0	0	1	0
Percentage of Upheld Appeals that went to External Appeals	0%	50%	0%	0%	50%	0%
Number of External Appeals that Reversed the decision	0	1	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	100%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2019

HMO - ConnectiCare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	227	161	81	333	82	30
Number of UR Requests Denied	0	7	2	11	2	3
Percentage of UR Requests that were Denied	0%	4%	2%	3%	2%	10%
Number of Denials that were Appealed	0	3	0	2	0	0
Percentage of Denials that were Appealed	0%	43%	0%	18%	0%	0%
Number of Appeals that Reversed the decision	0	1	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	33%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

HMO - Harvard	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	51	17	11	35	55	0
Number of UR Requests Denied	0	0	0	5	0	0
Percentage of UR Requests that were Denied	0%	0%	0%	14%	0%	0%
Number of Denials that were Appealed	0	0	0	0	0	0
Percentage of Denials that were Appealed	0%	0%	0%	0%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2019

HMO - Oxford	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	11	10	5	25	790	0
Number of UR Requests Denied	6	8	5	20	189	0
Percentage of UR Requests that were Denied	55%	80%	100%	80%	24%	0%
Number of Denials that were Appealed	1	3	0	3	0	0
Percentage of Denials that were Appealed	17%	38%	0%	15%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	2	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	67%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Indemnity - Aetna Life	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	56	20	31	1	35	13
Number of UR Requests Denied	1	3	3	1	5	0
Percentage of UR Requests that were Denied	2%	15%	10%	100%	14%	0%
Number of Denials that were Appealed	0	0	0	0	0	0
Percentage of Denials that were Appealed	0%	0%	0%	0%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2019

Indemnity - Anthem	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	999	726	455	570	385	31
Number of UR Requests Denied	22	62	15	24	15	2
Percentage of UR Requests that were Denied	2%	9%	3%	4%	4%	6%
Number of Denials that were Appealed	9	20	0	7	0	0
Percentage of Denials that were Appealed	41%	32%	0%	29%	0%	0%
Number of Appeals that Reversed the decision	3	5	0	0	0	0
Percentage of Appeals that Reversed the decision	33%	25%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	4	10	0	6	0	0
Percentage of Upheld Appeals that went to External Appeals	67%	67%	0%	86%	0%	0%
Number of External Appeals that Reversed the decision	0	5	0	4	0	0
Percentage of External Appeals that Reversed the decision	0%	50%	0%	67%	0%	0%

Indemnity - Cigna L & H	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	471	259	235	209	240	83
Number of UR Requests Denied	13	23	12	4	18	0
Percentage of UR Requests that were Denied	3%	9%	5%	2%	8%	0%
Number of Denials that were Appealed	8	19	6	0	3	0
Percentage of Denials that were Appealed	62%	83%	50%	0%	17%	0%
Number of Appeals that Reversed the decision	1	5	2	0	1	0
Percentage of Appeals that Reversed the decision	13%	26%	33%	0%	33%	0%
Number of Upheld Appeals that went to External Appeal	1	4	1	0	0	0
Percentage of Upheld Appeals that went to External Appeals	14%	29%	25%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	2	1	0	0	0
Percentage of External Appeals that Reversed the decision	0%	50%	100%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2019

Indemnity - ConnectiCare Benefits	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	701	431	302	895	327	97
Number of UR Requests Denied	7	12	14	33	3	7
Percentage of UR Requests that were Denied	1%	3%	5%	4%	1%	7%
Number of Denials that were Appealed	2	6	6	10	0	1
Percentage of Denials that were Appealed	29%	50%	43%	30%	0%	14%
Number of Appeals that Reversed the decision	1	1	1	5	0	0
Percentage of Appeals that Reversed the decision	50%	17%	17%	50%	0%	0%
Number of Upheld Appeals that went to External Appeal	1	0	1	1	0	0
Percentage of Upheld Appeals that went to External Appeals	100%	0%	20%	20%	0%	0%
Number of External Appeals that Reversed the decision	0	0	1	1	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	100%	100%	0%	0%

Indemnity - ConnectiCare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	830	649	310	1,204	227	63
Number of UR Requests Denied	4	30	13	35	11	9
Percentage of UR Requests that were Denied	0%	5%	4%	3%	5%	14%
Number of Denials that were Appealed	1	15	3	8	1	1
Percentage of Denials that were Appealed	25%	50%	23%	23%	9%	11%
Number of Appeals that Reversed the decision	0	3	0	3	0	1
Percentage of Appeals that Reversed the decision	0%	20%	0%	38%	0%	100%
Number of Upheld Appeals that went to External Appeal	2	2	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	200%	17%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	1	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	50%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2019

Indemnity - HPHC	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	176	245	105	189	155	0
Number of UR Requests Denied	0	17	5	13	1	0
Percentage of UR Requests that were Denied	0%	7%	5%	7%	1%	0%
Number of Denials that were Appealed	0	15	1	1	0	0
Percentage of Denials that were Appealed	0%	88%	20%	8%	0%	0%
Number of Appeals that Reversed the decision	0	6	1	1	0	0
Percentage of Appeals that Reversed the decision	0%	40%	100%	100%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Indemnity - Oxford Health	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	47	12	7	95	3,519	12
Number of UR Requests Denied	2	7	7	10	853	4
Percentage of UR Requests that were Denied	4%	58%	100%	11%	24%	33%
Number of Denials that were Appealed	1	4	2	2	0	1
Percentage of Denials that were Appealed	50%	57%	29%	20%	0%	25%
Number of Appeals that Reversed the decision	1	2	0	0	0	1
Percentage of Appeals that Reversed the decision	100%	50%	0%	0%	0%	100%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2019

Indemnity - United	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	341	260	244	671	2,419	87
Number of UR Requests Denied	5	18	9	42	638	3
Percentage of UR Requests that were Denied	1%	7%	4%	6%	26%	3%
Number of Denials that were Appealed	1	10	5	5	1	0
Percentage of Denials that were Appealed	20%	56%	56%	12%	0%	0%
Number of Appeals that Reversed the decision	0	2	2	2	1	0
Percentage of Appeals that Reversed the decision	0%	20%	40%	40%	100%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Mental Health Measures / Usage - Health Maintenance Organizations

Mental Health Utilization - Percentage by Level of Care	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Report the total number of members who received care					
(a) Any Mental Health Service	63	25,708	1,309	686	3,469
(b) Inpatient Mental Health Services	2	472	34	14	74
(c) Intensive Outpatient or Partial Hospitalization Health Services	3	598	55	18	97
(d) Outpatient	56	24,079	1,193	641	3,224
(e) Emergency Department Health Services	1	471	26	11	38
(f) Telehealth Mental Health Services	1	88	1	2	36
Report the percentage of total membership who received the respective service					
(a) Any Mental Health Service	11%	17%	5%	11%	43%
(b) Inpatient Mental Health Services	0%	0%	0%	0%	1%
(c) Intensive Outpatient or Partial Hospitalization Health Services	1%	0%	0%	0%	1%
(d) Outpatient	11%	17%	5%	10%	40%
(e) Emergency Department Health Services	0%	0%	0%	0%	0%
(f) Telehealth Mental Health Services	0%	0%	0%	0%	0%

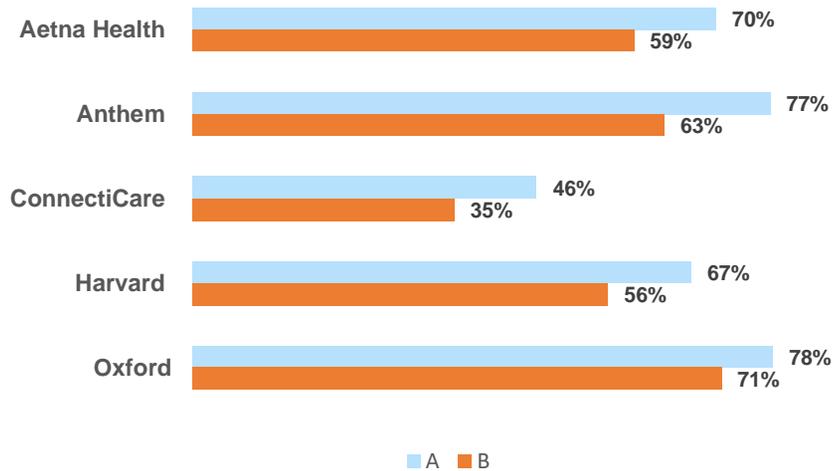
Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Report the total number of members who received care					
(a) Any Dependency Service	8	761	687	242	293
(b) Inpatient Dependency Services	1	101	66	29	31
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	0	47	23	16	15
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	4	493	476	171	194
(e) Emergency Department Dependency Services	3	118	122	26	53
(f) Telehealth Dependency Services	0	2	0	0	0
Report the percentage of total membership who received the respective service					
(a) Any Dependency Service	2%	3%	2%	4%	4%
(b) Inpatient Dependency Services	0%	1%	0%	0%	0%
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	0%	0%	0%	0%	0%
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	1%	2%	2%	3%	2%
(e) Emergency Department Dependency Services	1%	1%	1%	0%	0%
(f) Telehealth Dependency Services	0%	0%	0%	0%	0%

Mental Health Measures / Usage - Health Maintenance Organizations

Follow-up After Emergency Department Visit for Mental Illness

The percentage of emergency department (ED) visits between January 1 and December 1, 2019, where the members was 6 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of mental illness or intentional self-harm, with a follow-up visit for mental illness

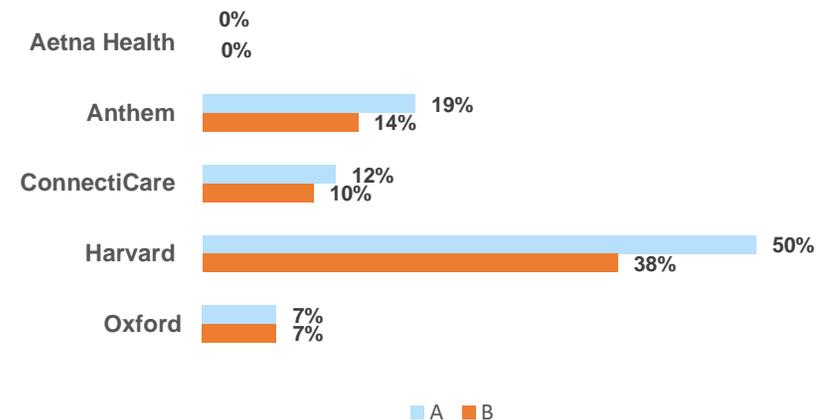
- (A) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 30 days after the ED visit.
- (B) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 7 days after the ED visit.



Follow-up After Emergency Department Visit for Alcohol & Other Drug Abuse or Dependence

The percentage of emergency department (ED) visits between January 1 and December 1, 2019, where the members was 13 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, with a follow-up visit for AOD abuse or dependency

- (A) who had a follow-up visit with a practitioner, with a principal diagnosis of AOD abuse or dependency on or within 30 days after the ED visit.
- (B) who had a follow-up visit with a practitioner, with a principal diagnosis of AOD abuse or dependency on or within 7 days after the ED visit.

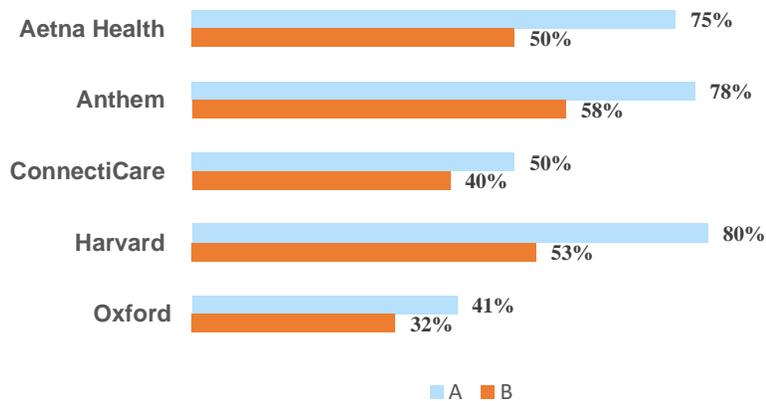


Mental Health Measures / Usage - Health Maintenance Organizations

Follow-up After Hospitalization for Mental Health

The percentage of discharges for members 6 years of age and older as of the discharge date, who were continuously enrolled from the date of discharge through 30 days after discharge, who had an acute care inpatient discharge with a principal diagnosis of mental illness or intentional self-harm diagnosis, with a discharge date on or between January 1, and December 1, 2019.

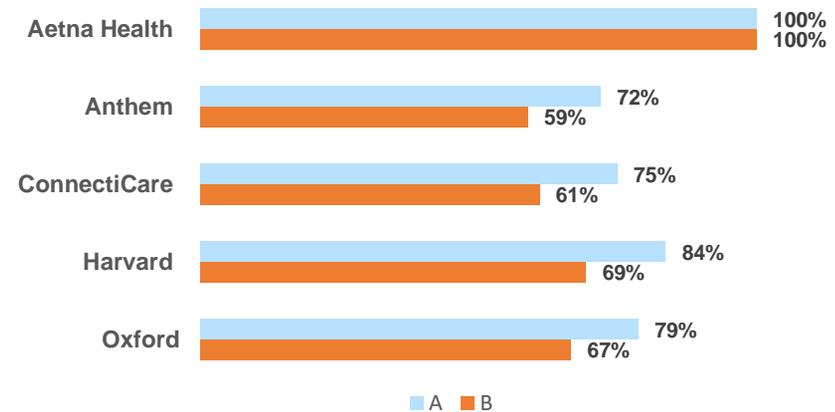
- (A) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.
- (B) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.



Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2019, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, who were not taking an antidepressant medication 105 days prior to the IPSD, who were diagnosed with a new episode of depression during the 121-day period from 60 days prior to IPSD, through 60 days after IPSD, and treated with antidepressant medication, who met at least one of the following criteria during the intake period. * An outpatient visit, ED visit, telehealth visit, intensive outpatient or partial hospitalization setting with any diagnosis of major depression; or an acute or non-acute inpatient stay or community mental health center visit with any diagnosis of major depression.

- (A) who remained on antidepressant medication for at least an 84-day period (12 week).
- (B) who remained on antidepressant medication for at least 180 days (6 months).

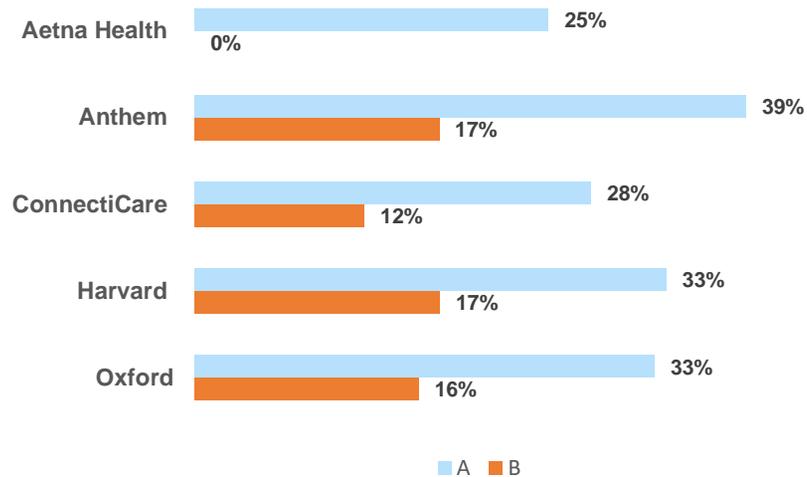


Mental Health Measures / Usage - Health Maintenance Organizations

Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET)

The percentage of members 13 years of age and older as of December 31, 2019, with a new episode of alcohol or other drug (AOD) dependence on or between January 1 and November 13, 2019, who were continuously enrolled from 60 days prior to the Index Episode Start Date (IESD) through 48 days after the IESD, who received the following:

- (A) Initiation of AOD Treatment - the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis.
- (B) Engagement of AOD Treatment - the percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.



Mental Health Measures / Usage - Indemnity Managed Care Organizations

Mental Health Utilization - Percentage by Level of Care	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Report the total number of members who received care								
(a) Any Mental Health Service	32,376	51,072	37,322	2,027	4,154	2,296	15,340	21,055
(b) Inpatient Mental Health Services	753	1,003	787	53	115	57	296	441
(c) Intensive Outpatient or Partial Hospitalization Health Services	836	944	833	29	170	75	365	639
(d) Outpatient	30,148	48,213	35,027	1,889	3,804	2,109	14,414	19,597
(e) Emergency Department Health Services	562	569	381	36	52	50	106	200
(f) Telehealth Services	77	343	294	20	13	5	159	178

Report the percentage of total membership who received the respective service								
(a) Any Mental Health Service	10%	12%	12%	3%	5%	11%	23%	37%
(b) Inpatient Mental Health Services	0%	0%	0%	0%	0%	0%	0%	1%
(c) Intensive Outpatient or Partial Hospitalization Health Services	0%	0%	0%	0%	0%	0%	1%	1%
(d) Outpatient	10%	12%	12%	3%	5%	10%	21%	35%
(e) Emergency Department Health Services	0%	0%	0%	0%	0%	0%	0%	0%
(f) Telehealth Services	0%	0%	0%	0%	0%	0%	0%	0%

Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Report the total number of members who received care								
(a) Any Chemical Dependency Service	5,214	7,525	4,876	2,740	2,032	878	1,822	2,480
(b) Inpatient Chemical Dependency Services	587	975	631	33	219	91	214	321
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	449	483	364	60	73	60	136	148
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	3,026	4,932	3,053	1,916	1,355	586	1,167	1,539
(e) Emergency Department Dependency Services	1,140	1,117	819	24	382	141	300	464
(f) Telehealth Services	12	18	9	707	3	0	5	8

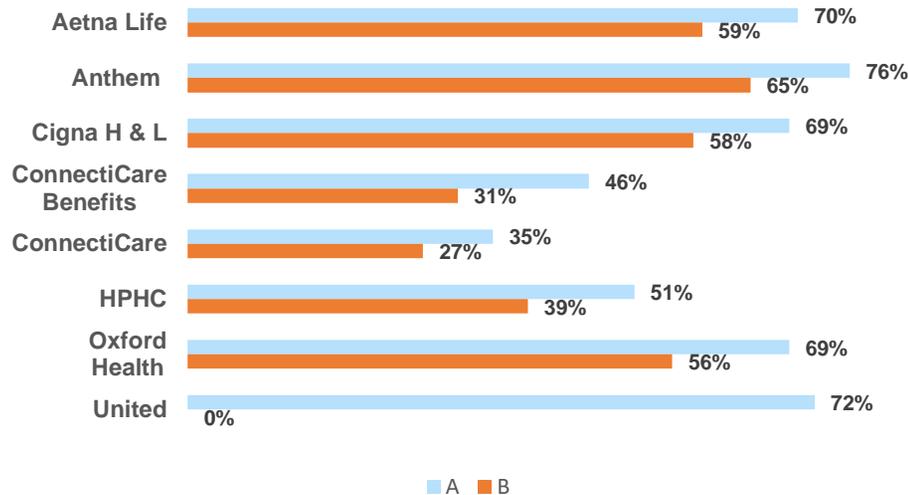
Report the percentage of total membership who received the respective service								
(a) Any Chemical Dependency Service	2%	2%	2%	3%	2%	4%	3%	4%
(b) Inpatient Chemical Dependency Services	0%	0%	0%	0%	0%	0%	0%	1%
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	0%	0%	0%	0%	0%	0%	0%	0%
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	2%	0%	1%	2%	2%	3%	2%	2%
(e) Emergency Department Dependency Services	1%	0%	0%	0%	1%	0%	0%	3%
(f) Telehealth Services	0%	0%	0%	1%	0%	0%	0%	0%

Mental Health Measures / Usage - Indemnity Managed Care Organizations

Follow-up After Emergency Department Visit for Mental Illness

The percentage of emergency department (ED) visits between January 1 and December 1, 2019, where the members was 6 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of mental illness or intentional self-harm, with a follow-up visit for mental illness

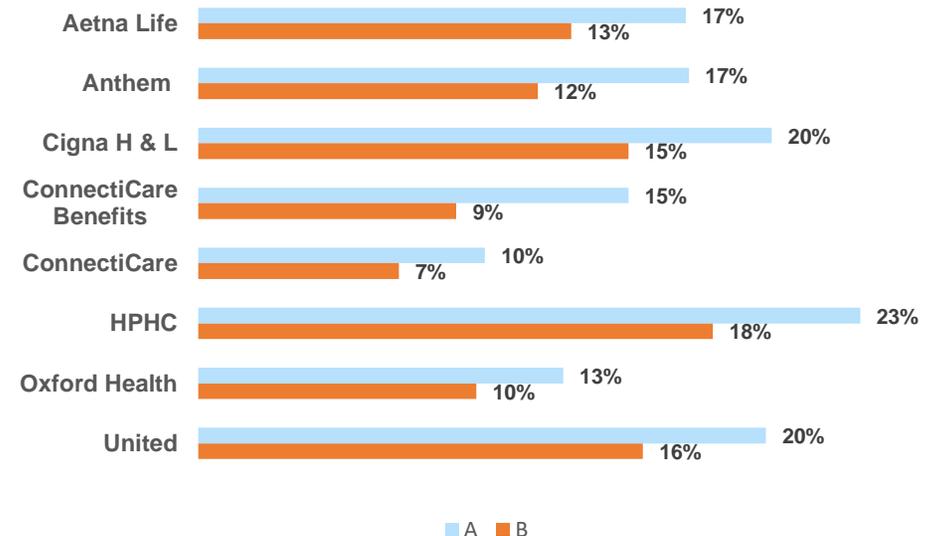
- (A) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 30 days after the ED visit.
- (B) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 7 days after the ED visit.



Follow-up After Emergency Department Visit for Alcohol & Other Drug Abuse or Dependence

The percentage of emergency department (ED) visits between January 1 and December 1, 2019, where the members was 13 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, with a follow-up visit for AOD abuse or dependency

- (A) who had a follow-up visit with a practitioner, with a principal diagnosis of AOD abuse or dependency on or within 30 days after the ED visit.
- (B) who had a follow-up visit with a practitioner, with a principal diagnosis of AOD abuse or dependency on or within 7 days after the ED visit.

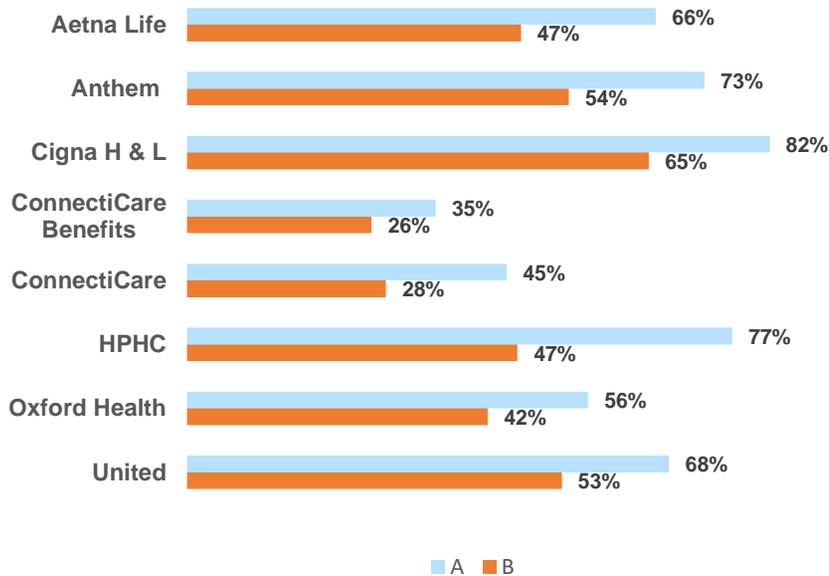


Mental Health Measures / Usage - Indemnity Managed Care Organizations

Follow-up After Hospitalization for Mental Health

The percentage of discharges for members 6 years of age and older as of the discharge date, who were continuously enrolled from the date of discharge through 30 days after discharge, who had an acute care inpatient discharge with a principal diagnosis of mental illness or intentional self-harm diagnosis, with a discharge date on or between January 1, and December 1, 2019.

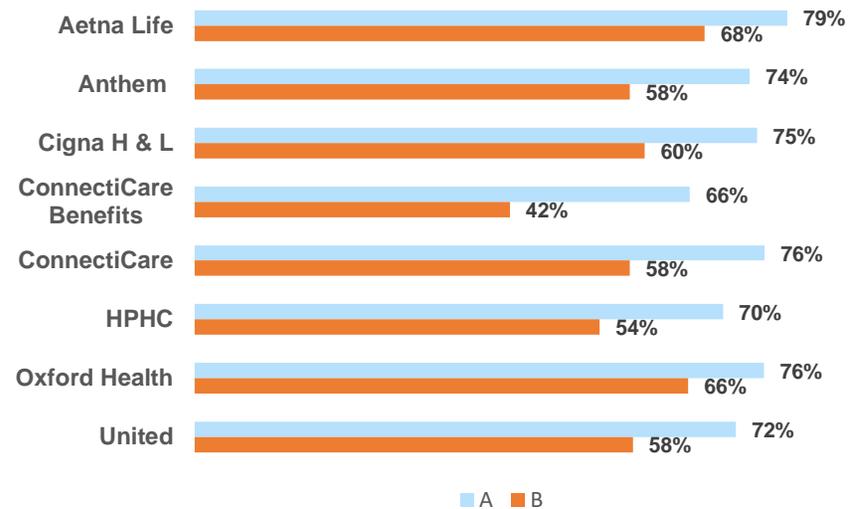
- (A) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.
- (B) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.



Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2019, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, who were not taking an antidepressant medication 105 days prior to the IPSD, who were diagnosed with a new episode of depression during the 121-day period from 60 days prior to IPSD, through 60 days after IPSD, and treated with antidepressant medication, who met at least one of the following criteria during the intake period. * An outpatient visit, ED visit, telehealth visit, intensive outpatient or partial hospitalization setting with any diagnosis of major depression; or * An acute or non-acute inpatient stay or community mental health center visit with any diagnosis of major depression.

- (A) who remained on antidepressant medication for at least an 84- day period (12 week).
- (B) who remained on antidepressant medication for at least 180 days (6 months).

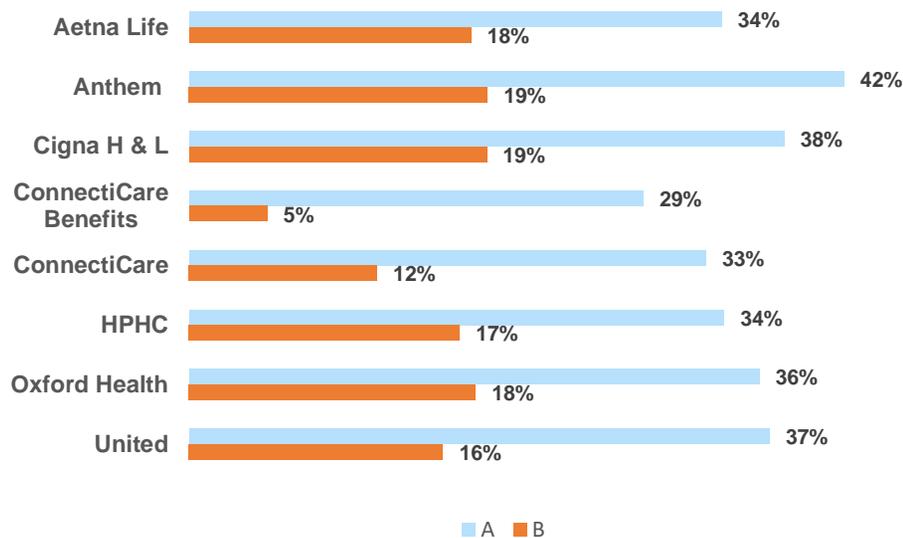


Mental Health Measures / Usage - Indemnity Managed Care Organizations

Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET)

The percentage of members 13 years of age and older as of December 31, 2019, with a new episode of alcohol or other drug (AOD) dependence on or between January 1 and November 13, 2019, who were continuously enrolled from 60 days prior to the Index Episode Start Date (IESD) through 48 days after the IESD, who received the following:

- (A) Initiation of AOD Treatment - the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis.
- (B) Engagement of AOD Treatment - the percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.



HMO - Claim Reporting

Expenses

Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2019 through Dec. 31, 2019, for each of the following.	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Mental Health					
(a) Inpatient	\$20.79	\$8.12	\$3.46	\$2.49	\$2.65
(b) Outpatient	\$10.90	\$13.70	\$7.12	\$2.12	\$10.45
Total in column	\$31.69	\$21.82	\$10.58	\$4.61	\$13.10
Substance Abuse or Dependency					
(a) Inpatient	\$0.00	\$2.01	\$0.22	\$8.30	\$1.48
(b) Outpatient	\$0.06	\$2.22	\$2.46	\$1.28	\$3.80
Total in column	\$0.06	\$4.23	\$2.68	\$9.58	\$5.28
Medical					
(a) Inpatient	\$68.20	\$102.88	\$132.95	\$86.95	\$109.76
(b) Outpatient	\$280.99	\$238.00	\$290.09	\$263.90	\$307.98
Total in column	\$349.19	\$340.88	\$423.04	\$350.85	\$417.74
Total All Claims (sum of above categories)					
(a) Inpatient	\$88.99	\$113.01	\$136.63	\$97.75	\$113.89
(b) Outpatient	\$291.95	\$253.92	\$299.67	\$267.30	\$322.23
Total in column	\$380.94	\$366.93	\$436.30	\$365.04	\$436.12

Claim Denial Data

	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
The total number of claims received for the period.	8,421	67,577	920,750	67,463	260,349
1) Provide the number of denials of the total in each of the following:					
(a) "not a covered benefit"	308	415	8,695	234	7,242
(b) "not medically necessary"	7	88	1,737	33	72
(c) "not an eligible enrollee/dependent"	1,687	5,112	33,795	29	648
(d) "incomplete submission"	1,068	3,872	22,606	453	904
(e) "duplicate submission"	69	1,575	18,626	1,999	9,550
(f) "all other miscellaneous"	892	8,625	108,135	6,696	30,827
2) Provide the denials as a percent of the total claims for the following:					
(a) "not a covered benefit"	3.66%	0.61%	0.94%	0.35%	2.78%
(b) "not medically necessary"	0.08%	0.13%	0.19%	0.05%	0.03%
(c) "not an eligible enrollee/dependent"	20.03%	7.56%	3.67%	0.04%	0.25%
(d) "incomplete submission"	12.68%	5.73%	2.46%	0.67%	0.35%
(e) "duplicate submission"	0.82%	2.33%	2.02%	2.96%	3.67%
(f) "all other miscellaneous"	10.59%	12.76%	11.74%	9.93%	11.84%

HMO - Claim Reporting

Claim Denial Data (continued)

	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
3) Provide the number of internal appeals of denials in each of the following:					
(a) "not a covered benefit"	1	23	159	11	8
(b) "not medically necessary"	5	48	414	17	0
(c) "not an eligible enrollee/dependent"	0	25	1	0	1
(d) "incomplete submission"	0	0	8	0	1
(e) "duplicate submission"	0	0	1	0	0
(f) "all other miscellaneous"	4	64	1,007	0	86
4) Provide the internal appeals as a percent of the total claims for the following:					
(a) "not a covered benefit"	0.01%	0.03%	0.02%	0.02%	0.00%
(b) "not medically necessary"	0.06%	0.07%	0.04%	0.03%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.04%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.05%	0.09%	0.11%	0.00%	0.03%
5) Provide the number of internal appeals reversed on appeal in each of the following:					
(a) "not a covered benefit"	0	4	57	2	1
(b) "not medically necessary"	1	19	144	10	0
(c) "not an eligible enrollee/dependent"	0	7	1	0	1
(d) "incomplete submission"	0	0	4	0	1
(e) "duplicate submission"	0	0	0	0	0
(f) "all other miscellaneous"	0	14	680	0	20
6) Provide the reversed appeals as a percent of the total claims for the following:					
(a) "not a covered benefit"	0.00%	0.01%	0.01%	0.00%	0.00%
(b) "not medically necessary"	0.01%	0.03%	0.02%	0.01%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.01%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.02%	0.07%	0.00%	0.01%

Indemnity - Claim Reporting

Expenses

Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2019 through Dec. 31, 2019, for each of the following.	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Mental Health								
(a) Inpatient	\$3.88	\$4.41	\$5.90	\$2.68	\$3.45	\$2.28	\$4.53	\$2.57
(b) Outpatient	\$6.22	\$12.39	\$11.46	\$5.35	\$6.91	\$2.15	\$17.01	\$15.36
Total in column	\$10.10	\$16.80	\$17.36	\$8.03	\$10.36	\$4.43	\$21.54	\$17.93
Substance Abuse or Dependency								
(a) Inpatient	\$1.46	\$2.48	\$4.01	\$0.23	\$0.12	\$6.57	\$3.35	\$1.70
(b) Outpatient	\$1.26	\$2.70	\$2.92	\$3.18	\$3.88	\$3.19	\$3.64	\$3.26
Total in column	\$2.72	\$5.18	\$6.93	\$3.41	\$4.00	\$9.76	\$6.99	\$4.96
Medical								
(a) Inpatient	\$71.80	\$114.71	\$129.99	\$113.71	\$124.19	\$107.19	\$109.35	\$115.29
(b) Outpatient	\$215.24	\$296.76	\$265.76	\$241.84	\$287.62	\$281.53	\$359.88	\$354.47
Total in column	\$287.04	\$411.47	\$395.75	\$355.55	\$411.81	\$388.72	\$469.23	\$469.76
Total All Claims (sum of above categories)								
(a) Inpatient	\$77.14	\$121.60	\$139.90	\$116.62	\$127.76	\$116.05	\$117.23	\$119.56
(b) Outpatient	\$222.72	\$311.85	\$280.14	\$250.37	\$298.41	\$286.86	\$380.53	\$373.09
Total in column	\$299.86	\$433.45	\$420.04	\$366.99	\$426.17	\$402.91	\$497.76	\$492.65

Claim Denial Data

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
The total number of claims received for the period.	1,292,841	1,261,918	867,392	2,697,640	2,839,708	246,058	635,298	1,701,917
1) Provide the number of denials of the total in each of the following:								
(a) "not a covered benefit"	75,059	2,853	11,305	33,313	25,035	949	6,229	7,030
(b) "not medically necessary"	1,651	1,232	7,096	5,819	5,901	376	988	12,550
(c) "not an eligible enrollee/dependent"	58,542	42,284	312	76,544	61,647	106	7,193	1,011
(d) "incomplete submission"	49,657	38,845	3,922	57,779	69,301	1,917	9,748	10,328
(e) "duplicate submission"	12,017	37,053	725	62,804	66,239	8,515	37,170	19,178
(f) "all other miscellaneous"	178,066	85,212	42,102	220,894	224,356	28,032	120,867	64,324
2) Provide the denials as a percent of the total claims for the following:								
(a) "not a covered benefit"	5.81%	0.23%	1.30%	1.23%	0.88%	0.39%	0.98%	0.41%
(b) "not medically necessary"	0.13%	0.10%	0.82%	0.22%	0.21%	0.15%	0.16%	0.74%
(c) "not an eligible enrollee/dependent"	4.53%	3.35%	0.04%	2.84%	2.17%	0.04%	1.13%	0.06%
(d) "incomplete submission"	3.84%	3.08%	0.45%	2.14%	2.44%	0.78%	1.53%	0.61%
(e) "duplicate submission"	0.93%	2.94%	0.08%	2.33%	2.33%	3.46%	5.85%	1.13%
(f) "all other miscellaneous"	13.77%	6.75%	4.85%	8.19%	7.90%	11.39%	19.03%	3.78%

Indemnity - Claim Reporting

Claim Denial Data (continued)

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
3) Provide the number of internal appeals of denials in each of the following:								
(a) "not a covered benefit"	35	30	0	536	540	27	7	23
(b) "not medically necessary"	5	322	589	1,637	1,394	86	4	7
(c) "not an eligible enrollee/dependent"	0	77	0	36	12	0	0	4
(d) "incomplete submission"	0	0	0	121	196	0	0	3
(e) "duplicate submission"	0	0	0	32	64	0	0	10
(f) "all other miscellaneous"	71	103	28	1,438	1,957	0	378	259
4) Provide the internal appeals as a percent of the total claims for the following:								
(a) "not a covered benefit"	0.00%	0.00%	0.00%	0.02%	0.02%	0.01%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.03%	0.07%	0.06%	0.05%	0.03%	0.00%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.01%	0.01%	0.00%	0.05%	0.07%	0.00%	0.06%	0.02%
5) Provide the number of internal appeals reversed on appeal in each of the following:								
(a) "not a covered benefit"	10	5	0	243	254	5	2	10
(b) "not medically necessary"	1	119	251	514	516	44	4	7
(c) "not an eligible enrollee/dependent"	0	13	0	20	0	0	0	3
(d) "incomplete submission"	0	0	0	42	114	0	0	1
(e) "duplicate submission"	0	0	0	28	29	0	0	8
(f) "all other miscellaneous"	26	27	24	802	921	0	61	65
6) Provide the reversed appeals as a percent of the total claims for the following:								
(a) "not a covered benefit"	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.01%	0.03%	0.02%	0.02%	0.02%	0.00%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.00%	0.00%	0.03%	0.03%	0.00%	0.01%	0.00%

Federal Medical Loss Ratio By Carrier

The Federal medical loss ratio has the same meaning as provided in and calculated in accordance with PPACA, PL 111-148, as amended from time to time, and regulations adopted thereunder. The Federal standard for MLR in each category is:

Individual Market - 80%

Small Group Market - 80%

Large Group Market - 85%

HMO	Individual	Small Group	Large Group
Aetna Health	NA	NR	107.80%
Anthem	88.70%	87.30%	93.20%
ConnectiCare	93.81%	NR	88.26%
Harvard	NA	99.90%	NR
Oxford	NA	88.40%	87.20%

Indemnity	Individual	Small Group	Large Group
Aetna Life	87.10%	93.70%	88.80%
Anthem	88.70%	87.30%	93.20%
CIGNA H & L	NA	NR	90.20%
ConnectiCare Benefits	83.13%	NR	NA
ConnectiCare	86.59%	82.92%	90.05%
HPHC	NA	98.80%	96.80%
Oxford Health	NA	85.90%	87.00%
United	NA	89.90%	87.10%

Note:

NA indicates measure was not applicable or insurer was not in that market.

NR indicates that the insurer was not required to report as they had fewer than 1,000 members over a three year period.

Additional Companies not Included in this Report

Additional licensed companies that reported on managed care plans in Connecticut but were not included in this guide.

The same information found in this guide, is available directly from the companies or at the offices of the Insurance Department

Cigna HealthCare of Connecticut, Inc.

900 Cottage Grove Road Hartford, CT 06152

Connecticut General Life Insurance Company

900 Cottage Grove Road Hartford, CT 06152

Note: Some companies may be servicing existing business and not currently issuing new business.

Help & Additional Information

The following state agencies, federal agencies, and other organizations also provide information concerning specific health insurance issues.

AGENCY	TYPE OF COMPLAINT OR INQUIRY	ADDRESS	TELEPHONE NUMBER(S)	WEBSITE
CT Insurance Department Consumer Affairs Division	Insurance policies, companies, producers and external appeals	Mail: P.O. Box 816 Hartford, CT 06142-0816	(800) 203-3447 (860) 297-3900	portal.ct.gov/cid
CT Department of Public Health	Providers and medical facilities	410 Capitol Avenue Hartford, CT 06134	(800) 842-0038 (860) 509-8000	portal.ct.gov/DPH
CT Department of Social Services	HUSKY Healthcare	55 Farmington Avenue Hartford, CT 06105-3730	(877) 284-8759	portal.ct.gov/DSS
Office of the Healthcare Advocate	Managed care problems or questions	P.O. Box 1543 Hartford, CT 06144	(866) HMO-4446	portal.ct.gov/OHA
Access Health CT (CT Insurance Exchange)	Online source for health insurance	280 Trumbull Street, 15th Floor Hartford, CT 06103	(855) 805-4325	www.accesshealthct.com
U.S. Department of Health & Human Services	Information on healthcare reform and insurance options			www.healthcare.gov
U.S. Department of Labor	Employer self-funded or self-insured health plans	Pension & Welfare Benefits Bowdoin Sq., 7th Floor Boston, MA 02114	(617) 565-9600	www.dol.gov