



Dear Health Insurance Customer,

Making informed decisions on choosing a health insurance plan for you, your family and your employees if you are a small business owner is critical to choosing a plan that's best for you. But where to begin?

The Connecticut Insurance Department's "Consumer Report Card on Health Insurance Carriers in Connecticut" is one good place to start. The "Report Card," in its 20th edition, annually compares health insurance companies on a variety of quality measures, including:

- Customer satisfaction
- Covered services
- Network – Number of physicians, specialists and pharmacists per county
- Behavioral health and substance abuse treatment

Each year, the Department aims to make this report more useful for consumers as part of our mission to provide education and outreach on how insurance works. In this 2017 edition we include new, expanded data on how insurance companies are doing in providing follow-up treatment for mental health and substance abuse care.

The Report Card is one of many resources the Department provides at no cost consumers. In addition to the user-friendly charts and graphs, we also include a summary to help you better understand the data as you make decisions that best suit your needs.

We hope you find this edition useful and informative.

As always, the Department stands ready to assist consumers with questions about this report or on any insurance issue.

Sincerely,

Katharine L. Wade

INSURANCE COMMISSIONER



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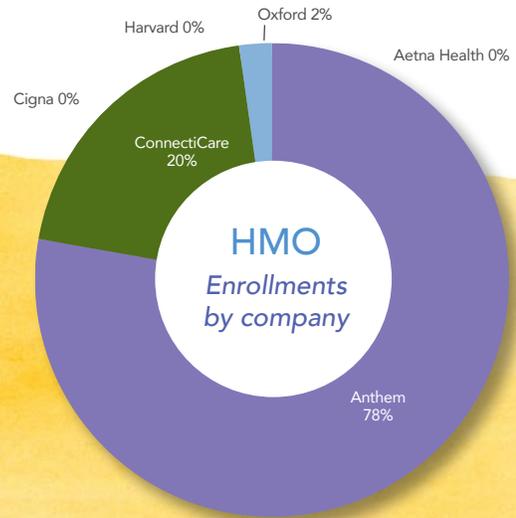


www.ct.gov/cid

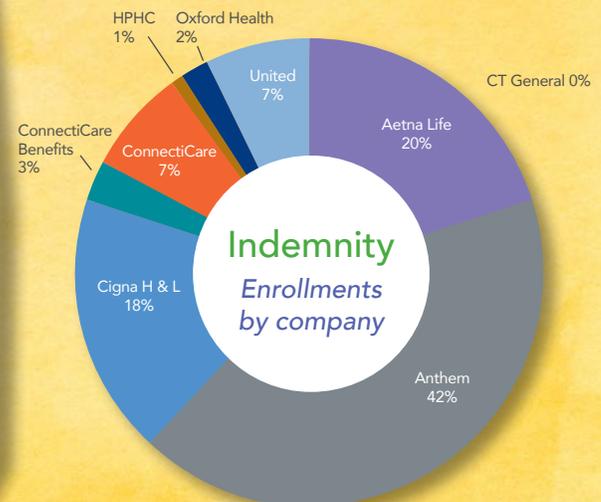
Executive Summary

Objective

Connecticut's health insurance marketplace is dynamic as companies look for ways to better serve customers across the state. This annual consumer report card – the state's 20th – paints a picture of the six health maintenance organizations (HMOs) and 9 indemnity insurance companies and the benefits and services they provide to over 2.2 million state residents. The data was collected from the companies by the Connecticut Insurance Department and is designed to deliver side-by-side comparisons of various health insurance plans and care measures. This report card offers consumers information on their health insurance options by providing data and trends on insurance purchasing and use.



2016 Enrollment



Methodology

This data was collected by the Connecticut Insurance Department **CID** from the insurance companies. CID selected the data points, including care measures, claim denials, medical loss ratios, utilization review data, and member satisfaction survey results, based on legislation passed by the Connecticut General Assembly.

This report includes three years of data, where available, to be informative for consumers. While many of these data points are available over the 20 years since the report's inception, there have been significant changes in insurance provisions due to the implementation of the federal Patient Protection and Affordable Care Act, also known as the Affordable Care Act (ACA), and some of the data elements collected have changed over time.

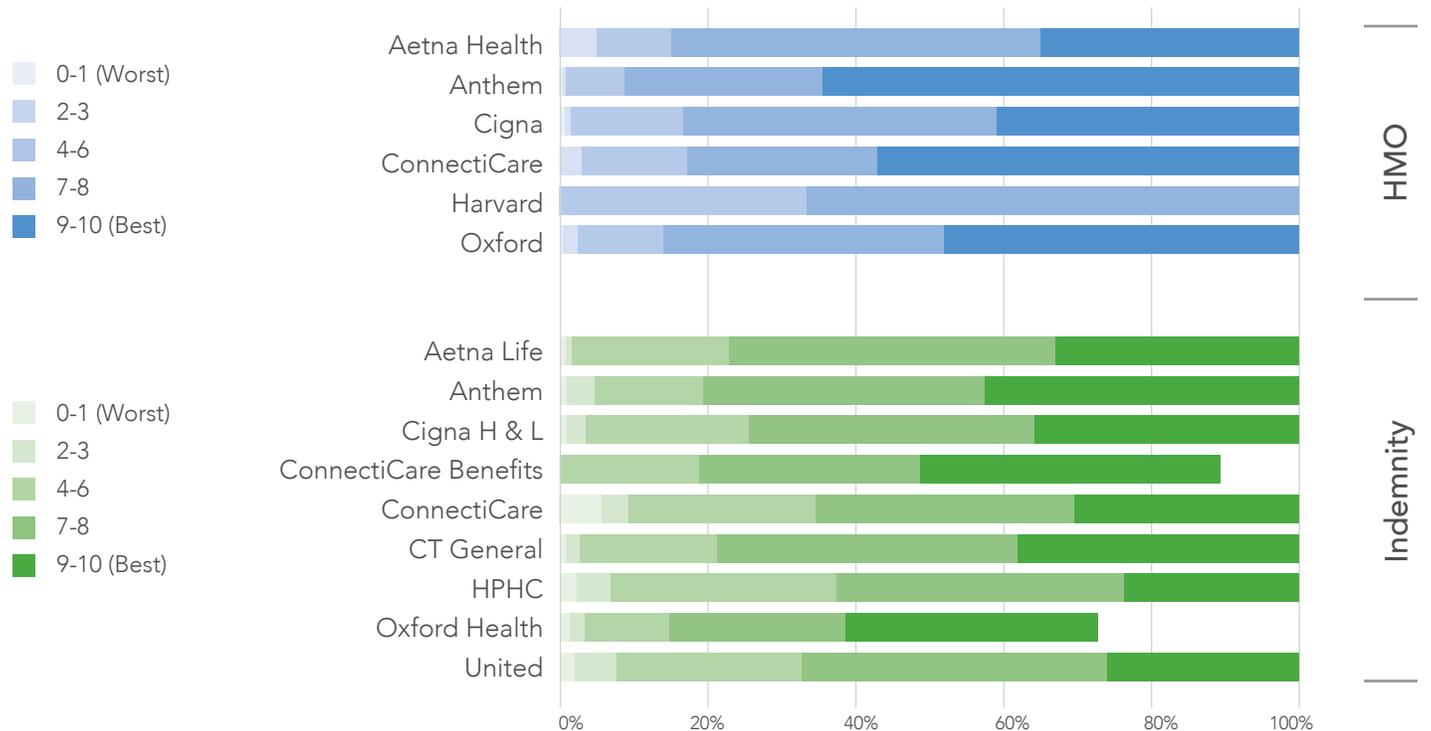
Summary of Findings

Overview of All Companies

Total enrollment for the companies included in this Report Card was just over 2.2 million in 2016, a decline from 2015. In addition, two Indemnity companies have decided not to issue new business in the state in 2018 (although they may continue to service existing business). As in the previous year, the largest share of enrollment in 2016 was in Indemnity companies (88.7% of enrollment) and in large group plans (85.3% of enrollment). While there was an increase in the number of participating physician specialists from 2015 to 2016, there was a decline in the number of participating primary care providers, hospitals, and pharmacies for companies that will continue to serve Connecticut insurance consumers.

Member Satisfaction

When surveyed, members of the insurance plans included in this report are much more likely to classify their plans as 7 or better on a scale of 0 (worst) to 10 (best). Members also generally reported that they were always or usually able to see a specialist or obtain routine care as soon as they wanted.



Note: Totals for ConnectiCare Benefits and Oxford Health do not equal 100% due to data provided by the companies.

Executive Summary

The companies included in this report are providing coverage for a range of health services to Connecticut residents.



Preventative



Treatment



Pregnancy



Mental Health

As seen in the list below, both HMOs and Indemnity companies are providing coverage for a range of care services to insured residents in Connecticut for preventative care, treatment, pregnancy, and mental health.

Care Measures

Care measures reflect the percentage of the members/enrollees who have accessed specific covered benefits. New measures were added in this year's Report Card to reflect additional follow-up and treatment for mental health services. The care measures included in this Report Card are:

PREVENTATIVE

- Adult Access to Preventive and Ambulatory Care - Ages 20 - 44
- Adult Access to Preventive and Ambulatory Care - Ages 45 - 64
- Children and Adolescent Access to Primary Care Physicians
- Childhood Immunizations
- Immunizations for Adolescents
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Eye Exams For People With Diabetes

TREATMENT

- Controlling High Blood Pressure
- Beta Blocker Treatment After a Heart Attack

PREGNANCY

- Prenatal Care in the First Trimester
- Postpartum Care Following Delivery

MENTAL HEALTH

- Follow-Up After Hospitalization for Mental Illness
- Follow-up After Emergency Department Visit After Mental Illness
- Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Anti-Depressant Medication Management

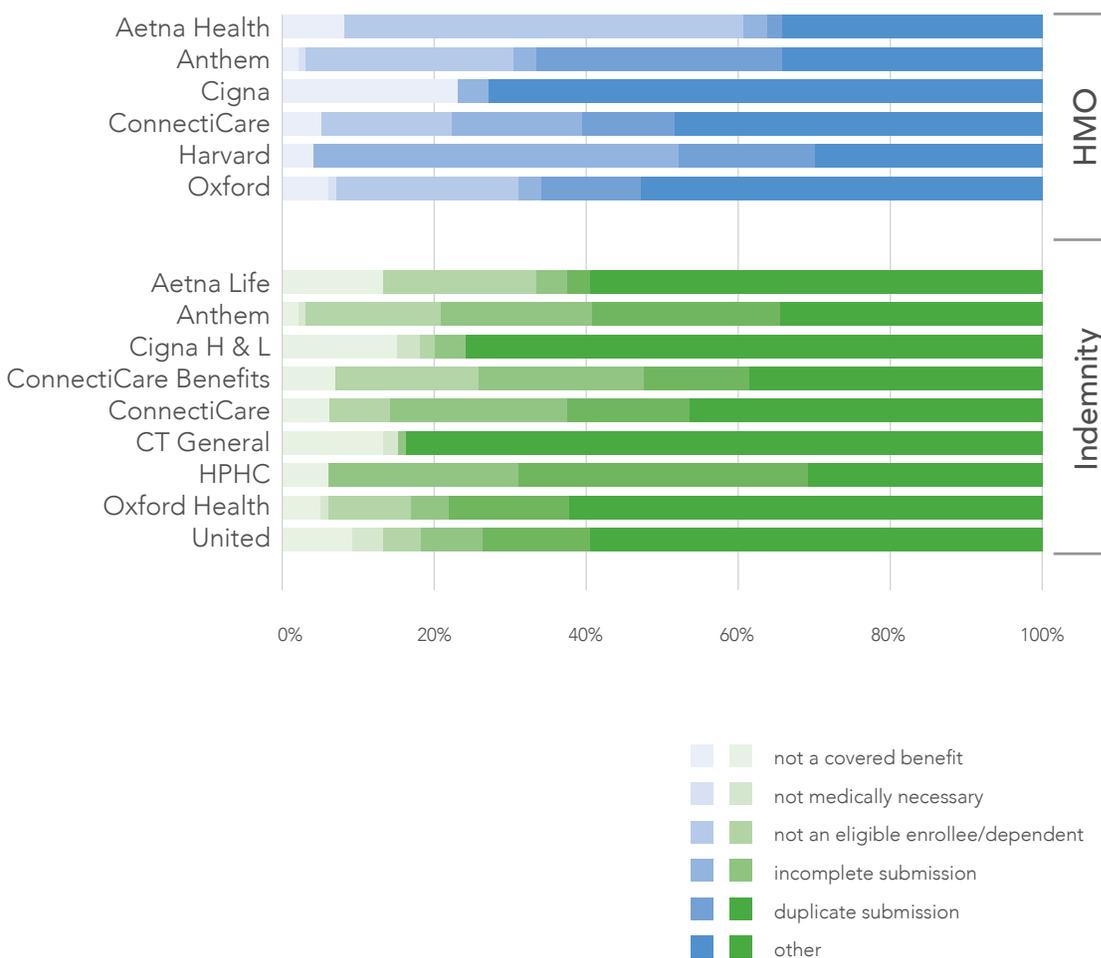
Utilization Review

Utilization Review (UR) is the process by which a health plan determines whether the treatment or services prescribed by a physician are medically necessary to treat a condition. There were almost 310,000 UR requests in 2016, an increase from 2015. Most UR requests were for medical care, although just over 6% of requests concerned mental health/substance abuse treatment. Most of the review requests were based on medical necessity (96.2%), while 14.2% of UR requests were denied in 2016 for a variety of reasons.

Claims Denial

The 15 insurance companies included in this year's Report Card received just under 15.3 million claims in 2016, a decrease from the 18.4 million claims they received in 2015.

Reasons for Claims Denials as Percentage of All Denials 2016

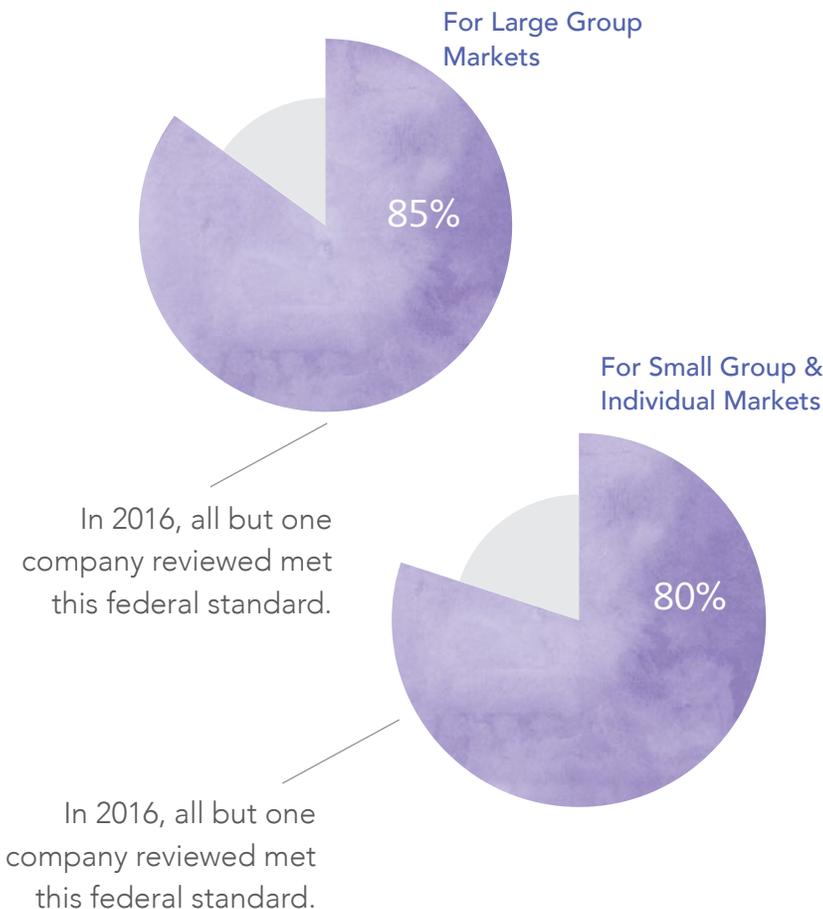


Executive Summary

Federal Medical Loss Ratio

Medical loss ratio (MLR) is the proportion of premiums spent on medical expenses and certain quality improvement activities. Under federal law, any company that does not meet the minimum loss ratio requirement may be required to pay rebates in that market. This provision adds additional consumer protections, especially in the large group market where insurance companies are not required to file rates with the Insurance Department. For 2016, most of the insurance companies included in this report met the federal standard for MLR – 85% for large group market and 80% for individual and small group markets. Only one company did not meet the 85% standard for large group MLR, and one company did not meet the standard of 80% for individual and small group MLR. Federal rebate data for 2016 were not available in time for the publication of the 2017 Report Card so it was not known whether those carriers that did not meet the MLR will have to pay any rebates.

Federal Standard for MLR



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Managed Care Organizations

INCLUDED IN THIS REPORT

The companies will be referenced by the abbreviations shown in **bold face type**.
Some companies may be servicing existing business and not currently issuing new business.

HMO

Abbreviated Name	Company Name	Website	Phone
Aetna Health	Aetna Health, Inc.	www.aetna.com	(877) 402-8742
Anthem	Anthem Health Plans, Inc.	www.anthem.com	multiple
Cigna	Cigna HealthCare of CT, Inc.	www.cigna.com	(800) 244-6224
ConnectiCare	ConnectiCare, Inc.	www.connecticare.com	(800) 251-7722
Harvard	Harvard Pilgrim Health Care of CT, Inc	www.harvardpilgrim.org	(888) 333-4742
Oxford	Oxford Health Plans (CT), Inc.	www.oxhp.com	(800) 444-6222

Indemnity

Abbreviated Name	Company Name	Website	Phone
Aetna Life	Aetna Life Insurance Company	www.aetna.com	(800) 962-6842
Anthem	Anthem Health Plans, Inc.	www.anthem.com	multiple
Cigna H & L	Cigna Health & Life Insurance Company, Inc.	www.cigna.com	(888) 244-6260
ConnectiCare Benefits	ConnectiCare Benefits, Inc.	www.connecticare.com	(800) 251-7722
ConnectiCare	ConnectiCare Insurance Co. Inc.	www.connecticare.com	(800) 251-7722
CT General	Connecticut General Life Insurance Company	www.cigna.com	(800) 244-6224
HPHC	HPHC Insurance Company, Inc.	www.harvardpilgrim.org	(888) 333-4742
Oxford Health	Oxford Health Insurance, Inc.	www.oxhp.com	(800) 444-6222
United	UnitedHealthcare Insurance Company	www.uhc.com	(866) 633-2446

Managed Care Organizations

INCLUDED IN THIS REPORT

HMO

Abbreviated Name	Markets to Individuals	NCQA Accreditation
Aetna Health		Commendable
Anthem	✓	Excellent
Cigna		Accredited
ConnectiCare	✓	Commendable
Harvard		n/a
Oxford		Commendable

Indemnity

Abbreviated Name	Markets to Individuals	NCQA Accreditation
Aetna Life		Commendable
Anthem	✓	Accredited (Exchange only)
Cigna H & L		Commendable
ConnectiCare Benefits	✓	Accredited
ConnectiCare	✓	Commendable
CT General		Commendable
HPHC		n/a
Oxford Health		Accredited
United		Accredited



National Committee for Quality Assurance (NCQA)

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.

n/a indicates the health plan has not applied for NCQA accreditation.

Managed Care Organizations

2016 ENROLLMENT

HMO

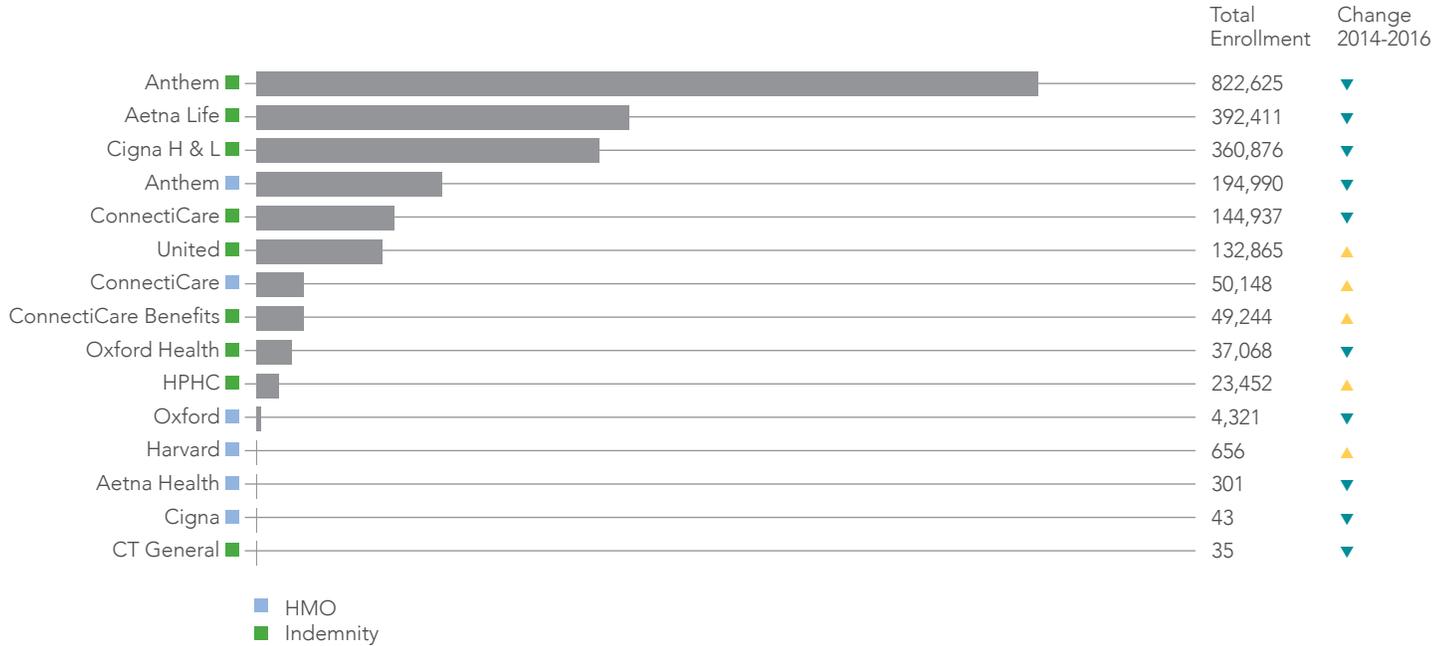
	FULLY INSURED			OTHER ENROLLMENT			TOTAL ENROLLMENT		
	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans
Aetna Health	0	0	0	0	0	301	0	0	301
Anthem	13,377	3,640	9,473	0	0	168,500	13,377	3,640	177,973
Cigna	2	0	41	0	0	0	2	0	41
ConnectiCare	591	85	31,627	0	0	17,845	591	85	49,472
Harvard	0	571	85	0	0	0	0	571	85
Oxford	0	1,209	3,112	0	0	0	0	1,209	3,112
Totals	13,970	5,505	44,338	0	0	186,646	13,970	5,505	230,984

Indemnity

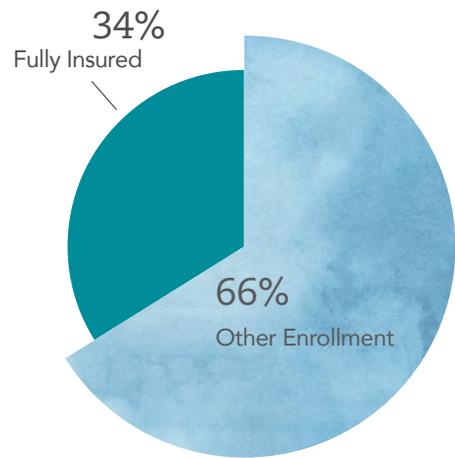
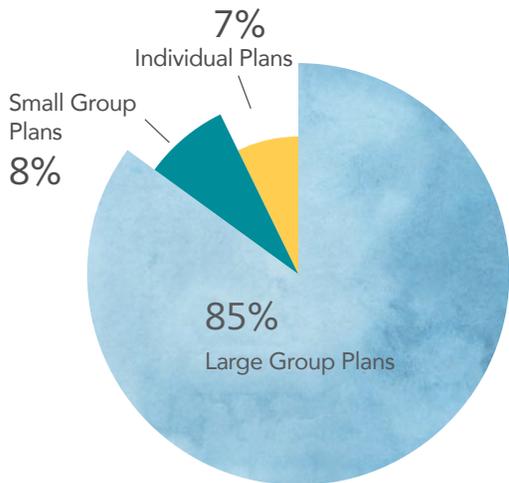
	FULLY INSURED			OTHER ENROLLMENT			TOTAL ENROLLMENT		
	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans
Aetna Life	4,133	50,800	77,805	0	143	259,530	4,133	50,943	337,335
Anthem	36,758	41,316	53,026	0	0	691,525	36,758	41,316	744,551
Cigna H & L	556	281	31,204	42	2,440	326,353	598	2,721	357,557
ConnectiCare Benefits	49,244	0	0	0	0	0	49,244	0	0
ConnectiCare	39,802	54,546	50,589	0	0	0	39,802	54,546	50,589
CT General	35	0	0	0	0	0	35	0	0
HPHC	0	13,385	10,067	0	0	0	0	13,385	10,067
Oxford Health	0	12,450	24,618	0	0	0	0	12,450	24,618
United	0	888	131,977	0	0	0	0	888	131,977
Totals	130,528	173,666	379,286	42	2,583	1,277,408	130,570	176,249	1,656,694

Managed Care Organizations

2016 ENROLLMENT



Total Enrollment
2,213,972



The total enrollment includes people with private health insurance through individual policies or through their employer's fully-insured or self-insured plans. The enrollment does not include Medicare or Medicaid enrollees. CID has statutory authority over fully-insured plans, therefore the remainder of this book contains information on fully-insured plans and does not include information on self-funded plans, Medicare and Medicaid.

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.

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) An independent group of providers that enters into a contract with an MCO to provide health services.

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.

Frequently Asked Questions

The information in this Report Card is based on data provided by the MCOs as of year end 2016. 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 on Aging at www.ct.gov/agingservices. 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 www.ct.gov/dss.

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 neither excessive, inadequate nor 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.

Member Satisfaction Survey

2016 DATA

HMO		Aetna Health	Anthem
Percentage of Managed Care members surveyed		1.45%	5.40%
Percentage of those surveyed who responded		7.14%	17.42%
Q: In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	0.00%	2.79%
	Sometimes	11.76%	8.38%
	Usually	35.29%	30.17%
	Always	52.94%	58.66%
Q: 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	0.00%	1.81%
	Sometimes	11.76%	11.76%
	Usually	29.41%	25.34%
	Always	58.82%	61.09%
Q: In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Never	0.00%	2.02%
	Sometimes	0.00%	5.05%
	Usually	25.00%	23.23%
	Always	75.00%	69.70%
Q: In the last 12 months, how often was it easy to get care, tests or treatment you needed?	Never	0.00%	0.00%
	Sometimes	0.00%	7.59%
	Usually	38.89%	29.02%
	Always	61.11%	63.39%
Q: In the last 12 months, how often did the written materials or Internet provide the information you needed about how your health plan works?	Never	0.00%	1.79%
	Sometimes	12.50%	32.14%
	Usually	62.50%	42.86%
	Always	25.00%	23.21%
Q: In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	0.00%	0.00%
	Sometimes	33.33%	15.71%
	Usually	0.00%	27.14%
	Always	66.67%	57.14%

Member Satisfaction Survey

2016 DATA

Cigna	ConnectiCare	Harvard	Oxford
76.00%	0.53%	30.00%	37.00%
21.39%	14.00%	3.70%	18.96%
1.80%	0.00%	25.00%	2.02%
12.70%	10.00%	0.00%	14.65%
30.80%	40.00%	25.00%	32.32%
54.70%	50.00%	50.00%	51.01%
1.80%	3.57%	25.00%	2.33%
13.70%	17.86%	0.00%	13.62%
25.60%	10.71%	25.00%	29.96%
58.90%	67.86%	50.00%	54.09%
0.80%	0.00%	25.00%	0.85%
8.30%	21.43%	0.00%	6.78%
20.30%	14.29%	50.00%	26.27%
70.60%	64.29%	25.00%	66.10%
0.30%	6.45%	25.00%	0.74%
7.60%	3.23%	0.00%	8.15%
38.50%	32.26%	25.00%	35.56%
53.60%	58.06%	50.00%	55.56%
2.00%	0.00%	25.00%	2.15%
30.00%	25.00%	0.00%	32.26%
52.00%	41.67%	25.00%	56.99%
16.00%	33.33%	50.00%	8.60%
1.80%	0.00%	25.00%	0.00%
16.80%	0.00%	0.00%	9.62%
31.00%	20.00%	25.00%	31.73%
50.40%	80.00%	50.00%	58.65%

Member Satisfaction Survey

2016 DATA

Indemnity		Aetna Life	Anthem	Cigna H & L
Percentage of Managed Care members surveyed		90.54%	1.10%	70.00%
Percentage of those surveyed who responded		81.42%	17.17%	23.68%
Q: In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	1.40%	1.83%	2.30%
	Sometimes	12.40%	13.41%	13.70%
	Usually	35.20%	31.10%	33.80%
	Always	51.00%	53.66%	50.20%
Q: 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	1.00%	1.44%	0.60%
	Sometimes	13.60%	12.50%	13.60%
	Usually	30.40%	29.81%	31.60%
	Always	55.00%	56.25%	54.20%
Q: In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Never	1.10%	2.22%	0.00%
	Sometimes	6.80%	7.78%	7.00%
	Usually	26.10%	24.44%	19.10%
	Always	65.90%	65.56%	73.90%
Q: In the last 12 months, how often was it easy to get care, tests or treatment you needed?	Never	1.00%	0.46%	0.00%
	Sometimes	6.90%	8.22%	8.60%
	Usually	34.80%	34.25%	33.50%
	Always	57.40%	57.08%	57.90%
Q: In the last 12 months, how often did the written materials or Internet provide the information you needed about how your health plan works?	Never	7.50%	5.06%	3.30%
	Sometimes	32.50%	30.38%	32.50%
	Usually	40.00%	46.84%	41.70%
	Always	20.00%	17.72%	22.50%
Q: In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	1.80%	0.00%	1.60%
	Sometimes	20.00%	16.42%	17.20%
	Usually	36.40%	38.81%	31.20%
	Always	41.80%	44.78%	50.00%

Member Satisfaction Survey

2016 DATA

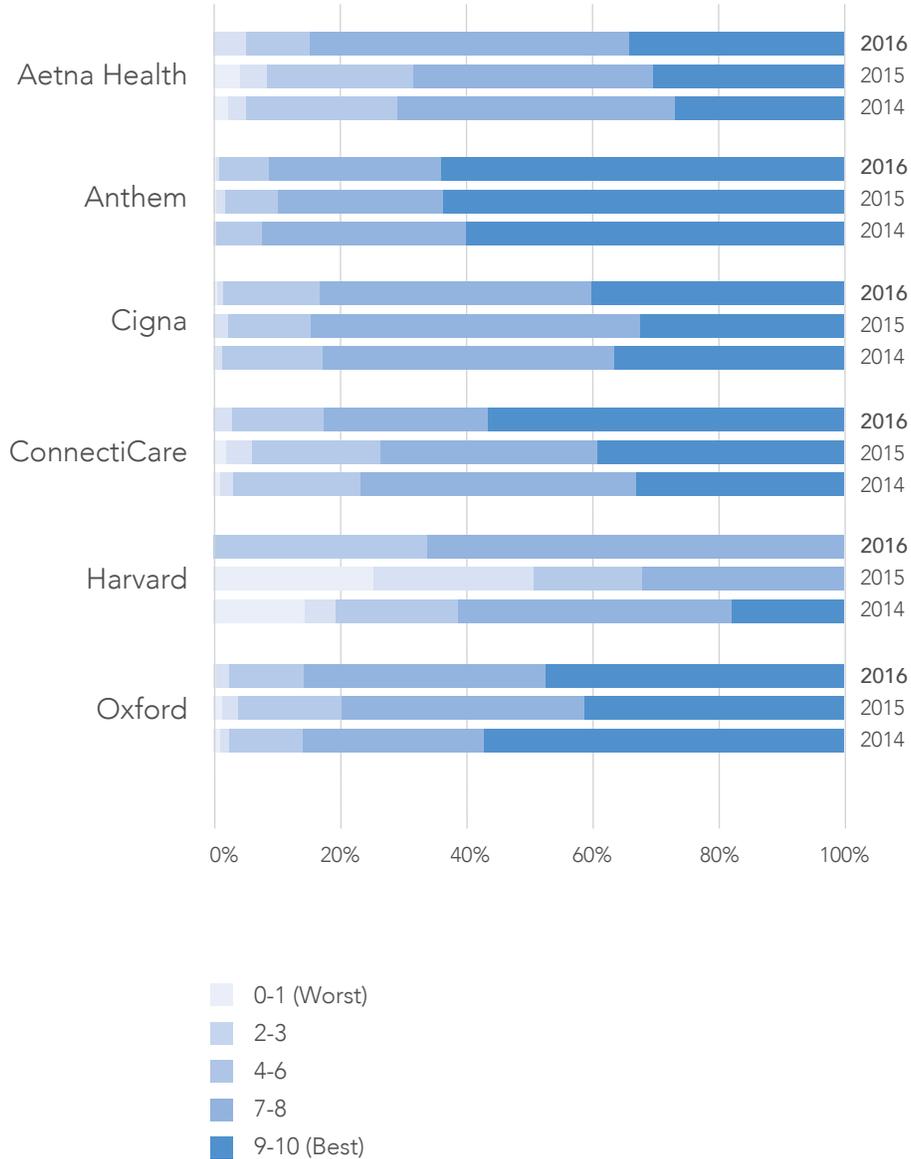
ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
3.40%	0.80%	70.00%	6.00%	4.00%	1.10%
23.60%	17.00%	22.50%	17.80%	21.60%	17.68%
0.00%	1.72%	2.10%	2.20%	1.40%	1.20%
0.00%	12.93%	13.20%	11.20%	7.48%	13.77%
31.46%	37.07%	32.30%	34.80%	30.84%	37.13%
56.18%	48.28%	52.40%	51.70%	60.28%	47.90%
0.00%	1.83%	1.20%	2.10%	2.68%	2.43%
0.00%	14.02%	13.70%	16.10%	11.11%	14.08%
26.14%	30.49%	28.60%	27.70%	29.50%	30.10%
50.00%	53.66%	56.50%	54.10%	56.70%	53.40%
0.00%	2.67%	0.40%	1.70%	0.00%	1.11%
0.00%	17.33%	7.70%	14.70%	8.46%	10.00%
21.37%	12.00%	19.70%	18.10%	20.00%	18.89%
64.96%	68.00%	72.20%	65.50%	71.54%	70.00%
0.00%	3.03%	0.20%	1.60%	0.37%	1.43%
0.00%	9.09%	8.10%	8.30%	7.46%	6.19%
22.61%	32.73%	36.00%	33.50%	31.34%	41.90%
65.37%	55.15%	55.70%	56.70%	60.82%	50.48%
0.00%	14.67%	2.70%	3.60%	1.49%	8.41%
0.00%	26.67%	31.30%	30.60%	25.37%	34.58%
39.06%	36.00%	46.90%	45.00%	52.54%	46.73%
22.66%	22.66%	19.10%	20.70%	20.90%	10.28%
0.00%	6.52%	1.70%	2.40%	0.00%	6.41%
0.00%	13.04%	17.00%	22.40%	18.75%	26.92%
26.81%	30.44%	31.10%	32.90%	38.54%	35.90%
51.45%	50.00%	50.20%	42.40%	42.71%	30.77%

Member Satisfaction Survey

HEALTH PLAN RATING

Q: How would you rate your health plan, on a scale of 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible?

HMO

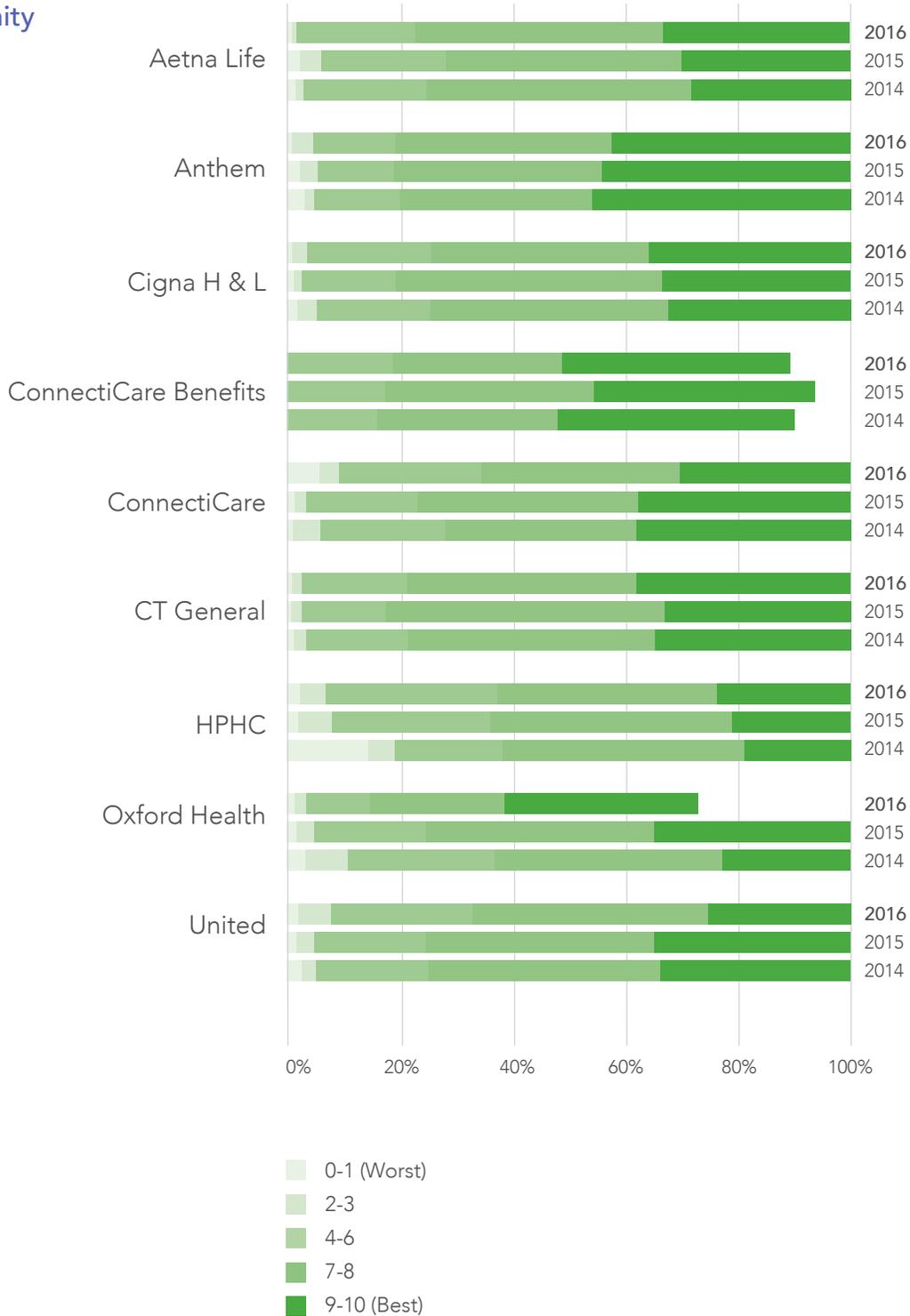


Member Satisfaction Survey

HEALTH PLAN RATING

Q: How would you rate your health plan, on a scale of 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible?

Indemnity



Note: Totals for ConnectiCare Benefits and Oxford Health do not equal 100% due to data provided by the companies.

Utilization Review Data

2016 DATA

HMO - Aetna Health

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	61	5	66
1. Based on medical necessity	60	5	65
2. Based on anything other than medical necessity	1	0	1
B. The total number of UR requests in A that were denied.	9	0	9
1. Based on medical necessity	8	0	8
2. Based on anything other than medical necessity	1	0	1
The percentage of UR requests that were denied based on A.	14.75%	0.00%	13.64%
1. Based on medical necessity	13.33%	0.00%	12.31%
2. Based on anything other than medical necessity	100.00%	0.00%	100.00%
C. The total number of denials in B above that were appealed.	6	0	6
1. Based on medical necessity	6	0	6
2. Based on anything other than medical necessity	0	0	0
The percentage of denials in B above that were appealed.	66.67%	0.00%	66.67%
1. Based on medical necessity	75.00%	0.00%	75.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
D. The total number of appeals in C 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 appeals in C that were reversed on appeal.	16.67%	0.00%	16.67%
1. Based on medical necessity	16.67%	0.00%	16.67%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
E. The total number of appeals in C that were upheld on appeal.	5	0	5
1. Based on medical necessity	5	0	5
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in C that were upheld on appeal.	83.33%	0.00%	83.33%
1. Based on medical necessity	83.33%	0.00%	83.33%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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).	20.00%	0.00%	20.00%
1. Based on medical necessity	20.00%	0.00%	20.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Utilization Review Data

2016 DATA

HMO - Anthem

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	7,791	846	8,637
1. Based on medical necessity	7,610	828	8,438
2. Based on anything other than medical necessity	181	18	199
B. The total number of UR requests in A that were denied.	649	30	679
1. Based on medical necessity	648	22	670
2. Based on anything other than medical necessity	1	8	9
The percentage of UR requests that were denied based on A.	8.33%	3.55%	7.86%
1. Based on medical necessity	8.52%	2.66%	7.94%
2. Based on anything other than medical necessity	0.55%	44.44%	4.52%
C. The total number of denials in B above that were appealed.	380	12	392
1. Based on medical necessity	380	12	392
2. Based on anything other than medical necessity	0	0	0
The percentage of denials in B above that were appealed.	58.55%	40.00%	57.73%
1. Based on medical necessity	58.64%	54.55%	58.51%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
D. The total number of appeals in C that were reversed on appeal.	134	3	137
1. Based on medical necessity	134	3	137
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in C that were reversed on appeal.	35.26%	25.00%	34.95%
1. Based on medical necessity	35.26%	25.00%	34.95%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
E. The total number of appeals in C that were upheld on appeal.	246	9	255
1. Based on medical necessity	246	9	255
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in C that were upheld on appeal.	64.74%	75.00%	65.05%
1. Based on medical necessity	64.74%	75.00%	65.05%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
F. The number of appeals in E that went to external appeal (through CID).	6	0	6
1. Based on medical necessity	6	0	6
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in E that went to external appeal (through CID).	2.44%	0.00%	2.35%
1. Based on medical necessity	2.44%	0.00%	2.35%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
G. The total number of external appeals above in F that were reversed on appeal.	2	0	2
1. Based on medical necessity	2	0	2
2. Based on anything other than medical necessity	0	0	0
The percentage of external appeals above in F that were reversed on appeal.	33.33%	0.00%	33.33%
1. Based on medical necessity	33.33%	0.00%	33.33%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Utilization Review Data

2016 DATA

HMO - Cigna

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	5	0	5
1. Based on medical necessity	2	0	2
2. Based on anything other than medical necessity	3	0	3
B. The total number of UR requests in A that were denied.	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 UR requests that were denied based on A.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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 in C that were reversed on appeal.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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).	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Utilization Review Data

2016 DATA

HMO - ConnectiCare

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	14,489	1,160	15,649
1. Based on medical necessity	14,176	1,144	15,320
2. Based on anything other than medical necessity	313	16	329
B. The total number of UR requests in A that were denied.	1,310	76	1,386
1. Based on medical necessity	997	60	1,057
2. Based on anything other than medical necessity	313	16	329
The percentage of UR requests that were denied based on A.	9.04%	6.55%	8.86%
1. Based on medical necessity	7.03%	5.24%	6.90%
2. Based on anything other than medical necessity	100.00%	100.00%	100.00%
C. The total number of denials in B above that were appealed.	94	16	110
1. Based on medical necessity	77	14	91
2. Based on anything other than medical necessity	17	2	19
The percentage of denials in B above that were appealed.	7.18%	21.05%	7.94%
1. Based on medical necessity	7.72%	23.33%	8.61%
2. Based on anything other than medical necessity	5.43%	12.50%	5.78%
D. The total number of appeals in C that were reversed on appeal.	32	3	35
1. Based on medical necessity	32	3	35
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in C that were reversed on appeal.	34.04%	18.75%	31.82%
1. Based on medical necessity	41.56%	21.43%	38.46%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
E. The total number of appeals in C that were upheld on appeal.	62	13	75
1. Based on medical necessity	45	11	56
2. Based on anything other than medical necessity	17	2	19
The percentage of appeals in C that were upheld on appeal.	65.96%	81.25%	68.18%
1. Based on medical necessity	58.44%	78.57%	61.54%
2. Based on anything other than medical necessity	100.00%	100.00%	100.00%
F. The number of appeals in E that went to external appeal (through CID).	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 appeals in E that went to external appeal (through CID).	8.06%	7.69%	8.00%
1. Based on medical necessity	8.89%	9.09%	8.93%
2. Based on anything other than medical necessity	5.88%	0.00%	5.26%
G. The total number of external appeals above in F that were reversed on appeal.	3	1	4
1. Based on medical necessity	3	1	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.	60.00%	100.00%	66.67%
1. Based on medical necessity	75.00%	100.00%	80.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Utilization Review Data

2016 DATA

HMO - Harvard

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	226	40	266
1. Based on medical necessity	218	20	238
2. Based on anything other than medical necessity	8	20	28
B. The total number of UR requests in A that were denied.	27	1	28
1. Based on medical necessity	20	1	21
2. Based on anything other than medical necessity	7	0	7
The percentage of UR requests that were denied based on A.	11.95%	2.50%	10.53%
1. Based on medical necessity	9.17%	5.00%	8.82%
2. Based on anything other than medical necessity	87.50%	0.00%	25.00%
C. The total number of denials in B above that were appealed.	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 denials in B above that were appealed.	3.70%	0.00%	3.57%
1. Based on medical necessity	5.00%	0.00%	4.76%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
D. The total number of appeals in C 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 appeals in C that were reversed on appeal.	100.00%	0.00%	100.00%
1. Based on medical necessity	100.00%	0.00%	100.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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).	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Utilization Review Data

2016 DATA

HMO - Oxford

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	2,499	58	2,557
1. Based on medical necessity	2,031	50	2,081
2. Based on anything other than medical necessity	468	8	476
B. The total number of UR requests in A that were denied.	252	34	286
1. Based on medical necessity	216	28	244
2. Based on anything other than medical necessity	36	6	42
The percentage of UR requests that were denied based on A.	10.08%	58.62%	11.18%
1. Based on medical necessity	10.64%	56.00%	11.73%
2. Based on anything other than medical necessity	7.69%	75.00%	8.82%
C. The total number of denials in B above that were appealed.	60	1	61
1. Based on medical necessity	24	0	24
2. Based on anything other than medical necessity	36	1	37
The percentage of denials in B above that were appealed.	23.81%	2.94%	21.33%
1. Based on medical necessity	11.11%	0.00%	9.84%
2. Based on anything other than medical necessity	100.00%	16.67%	88.10%
D. The total number of appeals in C that were reversed on appeal.	21	0	21
1. Based on medical necessity	9	0	9
2. Based on anything other than medical necessity	12	0	12
The percentage of appeals in C that were reversed on appeal.	35.00%	0.00%	34.43%
1. Based on medical necessity	37.50%	0.00%	37.50%
2. Based on anything other than medical necessity	33.33%	0.00%	32.43%
E. The total number of appeals in C that were upheld on appeal.	39	1	40
1. Based on medical necessity	15	0	15
2. Based on anything other than medical necessity	24	1	25
The percentage of appeals in C that were upheld on appeal.	65.00%	100.00%	65.57%
1. Based on medical necessity	62.50%	0.00%	62.50%
2. Based on anything other than medical necessity	66.67%	100.00%	67.57%
F. The number of appeals in E that went to external appeal (through CID).	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 appeals in E that went to external appeal (through CID).	15.38%	0.00%	15.00%
1. Based on medical necessity	26.67%	0.00%	26.67%
2. Based on anything other than medical necessity	8.33%	0.00%	8.00%
G. The total number of external appeals above in F that were reversed on appeal.	2	0	2
1. Based on medical necessity	2	0	2
2. Based on anything other than medical necessity	0	0	0
The percentage of external appeals above in F that were reversed on appeal.	33.33%	0.00%	33.33%
1. Based on medical necessity	50.00%	0.00%	50.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Utilization Review Data

2016 DATA

Indemnity - Aetna Life

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	6,605	924	7,529
1. Based on medical necessity	6,504	918	7,422
2. Based on anything other than medical necessity	101	6	107
B. The total number of UR requests in A that were denied.	1,160	148	1,308
1. Based on medical necessity	1,117	144	1,261
2. Based on anything other than medical necessity	43	4	47
The percentage of UR requests that were denied based on A.	17.56%	16.02%	17.37%
1. Based on medical necessity	17.17%	15.69%	16.99%
2. Based on anything other than medical necessity	42.57%	66.67%	43.93%
C. The total number of denials in B above that were appealed.	492	55	547
1. Based on medical necessity	460	55	515
2. Based on anything other than medical necessity	32	0	32
The percentage of denials in B above that were appealed.	42.41%	37.16%	41.82%
1. Based on medical necessity	41.18%	38.19%	40.84%
2. Based on anything other than medical necessity	74.42%	0.00%	68.09%
D. The total number of appeals in C that were reversed on appeal.	189	26	215
1. Based on medical necessity	165	26	191
2. Based on anything other than medical necessity	24	0	24
The percentage of appeals in C that were reversed on appeal.	38.41%	47.27%	39.31%
1. Based on medical necessity	35.87%	47.27%	37.09%
2. Based on anything other than medical necessity	75.00%	0.00%	75.00%
E. The total number of appeals in C that were upheld on appeal.	303	29	332
1. Based on medical necessity	295	29	324
2. Based on anything other than medical necessity	8	0	8
The percentage of appeals in C that were upheld on appeal.	61.59%	52.73%	60.69%
1. Based on medical necessity	64.13%	52.73%	62.91%
2. Based on anything other than medical necessity	25.00%	0.00%	25.00%
F. The number of appeals in E that went to external appeal (through CID).	23	7	30
1. Based on medical necessity	15	7	22
2. Based on anything other than medical necessity	8	0	8
The percentage of appeals in E that went to external appeal (through CID).	7.59%	24.14%	9.04%
1. Based on medical necessity	5.08%	24.14%	6.79%
2. Based on anything other than medical necessity	100.00%	0.00%	100.00%
G. The total number of external appeals above in F that were reversed on appeal.	8	3	11
1. Based on medical necessity	3	3	6
2. Based on anything other than medical necessity	5	0	5
The percentage of external appeals above in F that were reversed on appeal.	34.78%	42.86%	36.67%
1. Based on medical necessity	20.00%	42.86%	27.27%
2. Based on anything other than medical necessity	62.50%	0.00%	62.50%

Utilization Review Data

2016 DATA

Indemnity - Anthem

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	61,435	4,765	66,200
1. Based on medical necessity	60,475	4,685	65,160
2. Based on anything other than medical necessity	960	80	1,040
B. The total number of UR requests in A that were denied.	7,014	194	7,208
1. Based on medical necessity	7,004	143	7,147
2. Based on anything other than medical necessity	10	51	61
The percentage of UR requests that were denied based on A.	11.42%	4.07%	10.89%
1. Based on medical necessity	11.58%	3.05%	10.97%
2. Based on anything other than medical necessity	1.04%	63.75%	5.87%
C. The total number of denials in B above that were appealed.	695	50	745
1. Based on medical necessity	694	50	744
2. Based on anything other than medical necessity	1	0	1
The percentage of denials in B above that were appealed.	9.91%	25.77%	10.34%
1. Based on medical necessity	9.91%	34.97%	10.41%
2. Based on anything other than medical necessity	10.00%	0.00%	1.64%
D. The total number of appeals in C that were reversed on appeal.	249	21	270
1. Based on medical necessity	249	21	270
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in C that were reversed on appeal.	35.83%	42.00%	36.24%
1. Based on medical necessity	35.88%	42.00%	36.29%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
E. The total number of appeals in C that were upheld on appeal.	446	29	475
1. Based on medical necessity	445	29	474
2. Based on anything other than medical necessity	1	0	1
The percentage of appeals in C that were upheld on appeal.	64.17%	58.00%	63.76%
1. Based on medical necessity	64.12%	58.00%	63.71%
2. Based on anything other than medical necessity	100.00%	0.00%	100.00%
F. The number of appeals in E that went to external appeal (through CID).	25	0	25
1. Based on medical necessity	24	0	24
2. Based on anything other than medical necessity	1	0	1
The percentage of appeals in E that went to external appeal (through CID).	5.61%	0.00%	5.26%
1. Based on medical necessity	5.39%	0.00%	5.06%
2. Based on anything other than medical necessity	100.00%	0.00%	100.00%
G. The total number of external appeals above in F that were reversed on appeal.	12	0	12
1. Based on medical necessity	12	0	12
2. Based on anything other than medical necessity	0	0	0
The percentage of external appeals above in F that were reversed on appeal.	48.00%	0.00%	48.00%
1. Based on medical necessity	50.00%	0.00%	50.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Utilization Review Data

2016 DATA

Indemnity - Cigna H & L

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	73,406	757	74,163
1. Based on medical necessity	71,315	751	72,066
2. Based on anything other than medical necessity	2,091	6	2,097
B. The total number of UR requests in A that were denied.	18,637	71	18,708
1. Based on medical necessity	18,453	65	18,518
2. Based on anything other than medical necessity	184	6	190
The percentage of UR requests that were denied based on A.	25.39%	9.38%	25.23%
1. Based on medical necessity	25.88%	8.66%	25.70%
2. Based on anything other than medical necessity	8.80%	100.00%	9.06%
C. The total number of denials in B above that were appealed.	380	37	417
1. Based on medical necessity	257	34	291
2. Based on anything other than medical necessity	123	3	126
The percentage of denials in B above that were appealed.	2.04%	52.11%	2.23%
1. Based on medical necessity	1.39%	52.31%	1.57%
2. Based on anything other than medical necessity	66.85%	50.00%	66.32%
D. The total number of appeals in C that were reversed on appeal.	128	5	133
1. Based on medical necessity	76	4	80
2. Based on anything other than medical necessity	52	1	53
The percentage of appeals in C that were reversed on appeal.	33.68%	13.51%	31.89%
1. Based on medical necessity	29.57%	11.76%	27.49%
2. Based on anything other than medical necessity	42.28%	33.33%	42.06%
E. The total number of appeals in C that were upheld on appeal.	252	32	284
1. Based on medical necessity	181	30	211
2. Based on anything other than medical necessity	71	2	73
The percentage of appeals in C that were upheld on appeal.	66.32%	86.49%	68.11%
1. Based on medical necessity	70.43%	88.24%	72.51%
2. Based on anything other than medical necessity	57.72%	66.67%	57.94%
F. The number of appeals in E that went to external appeal (through CID).	31	2	33
1. Based on medical necessity	30	2	32
2. Based on anything other than medical necessity	1	0	1
The percentage of appeals in E that went to external appeal (through CID).	12.30%	6.25%	11.62%
1. Based on medical necessity	16.57%	6.67%	15.17%
2. Based on anything other than medical necessity	1.41%	0.00%	1.37%
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.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Utilization Review Data

2016 DATA

Indemnity - ConnectiCare Benefits

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	28,637	1,958	30,595
1. Based on medical necessity	28,039	1,948	29,987
2. Based on anything other than medical necessity	598	10	608
B. The total number of UR requests in A that were denied.	3,865	105	3,970
1. Based on medical necessity	3,267	95	3,362
2. Based on anything other than medical necessity	598	10	608
The percentage of UR requests that were denied based on A.	13.50%	5.36%	12.98%
1. Based on medical necessity	11.65%	4.88%	11.21%
2. Based on anything other than medical necessity	100.00%	100.00%	100.00%
C. The total number of denials in B above that were appealed.	196	17	213
1. Based on medical necessity	168	15	183
2. Based on anything other than medical necessity	28	2	30
The percentage of denials in B above that were appealed.	5.07%	16.19%	5.37%
1. Based on medical necessity	5.14%	15.79%	5.44%
2. Based on anything other than medical necessity	4.68%	20.00%	4.93%
D. The total number of appeals in C that were reversed on appeal.	88	4	92
1. Based on medical necessity	87	3	90
2. Based on anything other than medical necessity	1	1	2
The percentage of appeals in C that were reversed on appeal.	44.90%	23.53%	43.19%
1. Based on medical necessity	51.79%	20.00%	49.18%
2. Based on anything other than medical necessity	3.57%	50.00%	6.67%
E. The total number of appeals in C that were upheld on appeal.	108	13	121
1. Based on medical necessity	81	12	93
2. Based on anything other than medical necessity	27	1	28
The percentage of appeals in C that were upheld on appeal.	55.10%	76.47%	56.81%
1. Based on medical necessity	48.21%	80.00%	50.82%
2. Based on anything other than medical necessity	96.43%	50.00%	93.33%
F. The number of appeals in E that went to external appeal (through CID).	5	4	9
1. Based on medical necessity	3	4	7
2. Based on anything other than medical necessity	2	0	2
The percentage of appeals in E that went to external appeal (through CID).	4.63%	30.77%	7.44%
1. Based on medical necessity	3.70%	33.33%	7.53%
2. Based on anything other than medical necessity	7.41%	0.00%	7.14%
G. The total number of external appeals above in F that were reversed on appeal.	3	1	4
1. Based on medical necessity	3	1	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.	60.00%	25.00%	44.44%
1. Based on medical necessity	100.00%	25.00%	57.14%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Utilization Review Data

2016 DATA

Indemnity - ConnectiCare

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	62,242	5,782	68,024
1. Based on medical necessity	60,987	5,761	66,748
2. Based on anything other than medical necessity	1,255	21	1,276
B. The total number of UR requests in A that were denied.	6,271	303	6,574
1. Based on medical necessity	5,016	282	5,298
2. Based on anything other than medical necessity	1,255	21	1,276
The percentage of UR requests that were denied based on A.	10.08%	5.24%	9.66%
1. Based on medical necessity	8.22%	4.89%	7.94%
2. Based on anything other than medical necessity	100.00%	100.00%	100.00%
C. The total number of denials in B above that were appealed.	392	86	478
1. Based on medical necessity	330	70	400
2. Based on anything other than medical necessity	62	16	78
The percentage of denials in B above that were appealed.	6.25%	28.38%	7.27%
1. Based on medical necessity	6.58%	24.82%	7.55%
2. Based on anything other than medical necessity	4.94%	76.19%	6.11%
D. The total number of appeals in C that were reversed on appeal.	143	16	159
1. Based on medical necessity	142	14	156
2. Based on anything other than medical necessity	1	2	3
The percentage of appeals in C that were reversed on appeal.	36.48%	18.60%	33.26%
1. Based on medical necessity	43.03%	20.00%	39.00%
2. Based on anything other than medical necessity	1.61%	12.50%	3.85%
E. The total number of appeals in C that were upheld on appeal.	249	70	319
1. Based on medical necessity	188	56	244
2. Based on anything other than medical necessity	61	14	75
The percentage of appeals in C that were upheld on appeal.	63.52%	81.40%	66.74%
1. Based on medical necessity	56.97%	80.00%	61.00%
2. Based on anything other than medical necessity	98.39%	87.50%	96.15%
F. The number of appeals in E that went to external appeal (through CID).	24	4	28
1. Based on medical necessity	15	4	19
2. Based on anything other than medical necessity	9	0	9
The percentage of appeals in E that went to external appeal (through CID).	9.64%	5.71%	8.78%
1. Based on medical necessity	7.98%	7.14%	7.79%
2. Based on anything other than medical necessity	14.75%	0.00%	12.00%
G. The total number of external appeals above in F that were reversed on appeal.	11	1	12
1. Based on medical necessity	7	1	8
2. Based on anything other than medical necessity	4	0	4
The percentage of external appeals above in F that were reversed on appeal.	45.83%	25.00%	42.86%
1. Based on medical necessity	46.67%	25.00%	42.11%
2. Based on anything other than medical necessity	44.44%	0.00%	44.44%

Utilization Review Data

2016 DATA

Indemnity - CT General

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	17	0	17
1. Based on medical necessity	9	0	9
2. Based on anything other than medical necessity	8	0	8
B. The total number of UR requests in A that were denied.	2	0	2
1. Based on medical necessity	1	0	1
2. Based on anything other than medical necessity	1	0	1
The percentage of UR requests that were denied based on A.	11.76%	0.00%	11.76%
1. Based on medical necessity	11.11%	0.00%	11.11%
2. Based on anything other than medical necessity	12.50%	0.00%	12.50%
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.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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 in C that were reversed on appeal.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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).	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Utilization Review Data

2016 DATA

Indemnity - HPHC

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	4,351	791	5,142
1. Based on medical necessity	4,145	786	4,931
2. Based on anything other than medical necessity	206	5	211
B. The total number of UR requests in A that were denied.	478	77	555
1. Based on medical necessity	321	72	393
2. Based on anything other than medical necessity	157	5	162
The percentage of UR requests that were denied based on A.	10.99%	9.73%	10.79%
1. Based on medical necessity	7.74%	9.16%	7.97%
2. Based on anything other than medical necessity	76.21%	100.00%	76.78%
C. The total number of denials in B above that were appealed.	9	4	13
1. Based on medical necessity	7	4	11
2. Based on anything other than medical necessity	2	0	2
The percentage of denials in B above that were appealed.	1.88%	5.19%	2.34%
1. Based on medical necessity	2.18%	5.56%	2.80%
2. Based on anything other than medical necessity	1.27%	0.00%	1.23%
D. The total number of appeals in C that were reversed on appeal.	2	3	5
1. Based on medical necessity	2	3	5
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in C that were reversed on appeal.	22.22%	75.00%	38.46%
1. Based on medical necessity	28.57%	75.00%	45.45%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
E. The total number of appeals in C that were upheld on appeal.	7	1	8
1. Based on medical necessity	5	1	6
2. Based on anything other than medical necessity	2	0	2
The percentage of appeals in C that were upheld on appeal.	77.78%	25.00%	61.54%
1. Based on medical necessity	71.43%	25.00%	54.55%
2. Based on anything other than medical necessity	100.00%	0.00%	100.00%
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).	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
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.	0.00%	0.00%	0.00%
1. Based on medical necessity	0.00%	0.00%	0.00%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Utilization Review Data

2016 DATA

Indemnity - Oxford Health

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	24,817	600	25,417
1. Based on medical necessity	21,116	507	21,623
2. Based on anything other than medical necessity	3,701	93	3,794
B. The total number of UR requests in A that were denied.	2,425	182	2,607
1. Based on medical necessity	2,209	152	2,361
2. Based on anything other than medical necessity	297	30	327
The percentage of UR requests that were denied based on A.	9.77%	30.33%	10.26%
1. Based on medical necessity	10.46%	29.98%	10.92%
2. Based on anything other than medical necessity	8.02%	32.26%	8.62%
C. The total number of denials in B above that were appealed.	675	16	691
1. Based on medical necessity	459	12	471
2. Based on anything other than medical necessity	216	4	220
The percentage of denials in B above that were appealed.	27.84%	8.79%	26.51%
1. Based on medical necessity	20.78%	7.89%	19.95%
2. Based on anything other than medical necessity	72.73%	13.33%	67.28%
D. The total number of appeals in C that were reversed on appeal.	249	0	249
1. Based on medical necessity	181	0	181
2. Based on anything other than medical necessity	68	0	68
The percentage of appeals in C that were reversed on appeal.	36.89%	0.00%	36.03%
1. Based on medical necessity	39.43%	0.00%	38.43%
2. Based on anything other than medical necessity	31.48%	0.00%	30.91%
E. The total number of appeals in C that were upheld on appeal.	426	16	442
1. Based on medical necessity	278	12	290
2. Based on anything other than medical necessity	148	4	152
The percentage of appeals in C that were upheld on appeal.	63.11%	100.00%	63.97%
1. Based on medical necessity	60.57%	100.00%	61.57%
2. Based on anything other than medical necessity	68.52%	100.00%	69.09%
F. The number of appeals in E that went to external appeal (through CID).	19	0	19
1. Based on medical necessity	9	0	9
2. Based on anything other than medical necessity	10	0	10
The percentage of appeals in E that went to external appeal (through CID).	4.46%	0.00%	4.30%
1. Based on medical necessity	3.24%	0.00%	3.10%
2. Based on anything other than medical necessity	6.76%	0.00%	6.58%
G. The total number of external appeals above in F that were reversed on appeal.	19	0	19
1. Based on medical necessity	9	0	9
2. Based on anything other than medical necessity	10	0	10
The percentage of external appeals above in F that were reversed on appeal.	100.00%	0.00%	100.00%
1. Based on medical necessity	100.00%	0.00%	100.00%
2. Based on anything other than medical necessity	100.00%	0.00%	100.00%

Utilization Review Data

2016 DATA

Indemnity - United

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	4,518	1,136	5,654
1. Based on medical necessity	3,006	1,126	4,132
2. Based on anything other than medical necessity	1,512	10	1,522
B. The total number of UR requests in A that were denied.	479	72	551
1. Based on medical necessity	325	62	387
2. Based on anything other than medical necessity	154	10	164
The percentage of UR requests that were denied based on A.	10.60%	6.34%	9.75%
1. Based on medical necessity	10.81%	5.51%	9.37%
2. Based on anything other than medical necessity	10.19%	100.00%	10.78%
C. The total number of denials in B above that were appealed.	208	21	229
1. Based on medical necessity	68	12	80
2. Based on anything other than medical necessity	140	9	149
The percentage of denials in B above that were appealed.	43.42%	29.17%	41.56%
1. Based on medical necessity	20.92%	19.35%	20.67%
2. Based on anything other than medical necessity	90.91%	90.00%	90.85%
D. The total number of appeals in C that were reversed on appeal.	57	7	64
1. Based on medical necessity	19	3	22
2. Based on anything other than medical necessity	38	4	42
The percentage of appeals in C that were reversed on appeal.	27.40%	33.33%	27.95%
1. Based on medical necessity	27.94%	25.00%	27.50%
2. Based on anything other than medical necessity	27.14%	44.44%	28.19%
E. The total number of appeals in C that were upheld on appeal.	151	14	165
1. Based on medical necessity	49	9	58
2. Based on anything other than medical necessity	102	5	107
The percentage of appeals in C that were upheld on appeal.	72.60%	66.67%	72.05%
1. Based on medical necessity	72.06%	75.00%	72.50%
2. Based on anything other than medical necessity	72.86%	55.56%	71.81%
F. The number of appeals in E that went to external appeal (through CID).	6	1	7
1. Based on medical necessity	6	1	7
2. Based on anything other than medical necessity	0	0	0
The percentage of appeals in E that went to external appeal (through CID).	3.97%	7.14%	4.24%
1. Based on medical necessity	12.24%	11.11%	12.07%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%
G. The total number of external appeals above in F that were reversed on appeal.	5	0	5
1. Based on medical necessity	5	0	5
2. Based on anything other than medical necessity	0	0	0
The percentage of external appeals above in F that were reversed on appeal.	83.33%	0.00%	71.43%
1. Based on medical necessity	83.33%	0.00%	71.43%
2. Based on anything other than medical necessity	0.00%	0.00%	0.00%

Mental Health - Utilization Review Data

2016 DATA

HMO - Aetna Health

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	1	0	0	2	2	0
Number of UR requests denied	0	0	0	0	0	0
Percentage of UR requests denied	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of denials that were appealed	0	0	0	0	0	0
Percentage of denials that were appealed	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of appeals that reversed the decision	0	0	0	0	0	0
Percentage of appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	0	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

HMO - Anthem

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	271	101	80	226	102	66
Number of UR requests denied	0	16	2	5	7	0
Percentage of UR requests denied	0.00%	15.84%	2.50%	2.21%	6.86%	0.00%
Number of denials that were appealed	0	6	1	0	1	1
Percentage of denials that were appealed	0.00%	37.50%	50.00%	0.00%	14.29%	0.00%
Number of appeals that reversed the decision	0	2	0	0	0	0
Percentage of appeals that reversed the decision	0.00%	33.33%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	2	0	0	1	1
Percentage of upheld appeals that went to external appeals	0.00%	50.00%	0.00%	0.00%	100.00%	100.00%
Number of external appeals that reversed the decision	0	1	0	0	1	0
Percentage of external appeals that reversed the decision	0.00%	50.00%	0.00%	0.00%	100.00%	0.00%

HMO - Cigna

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	0	0	0	0	0	0
Number of UR requests denied	0	0	0	0	0	0
Percentage of UR requests denied	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of denials that were appealed	0	0	0	0	0	0
Percentage of denials that were appealed	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of appeals that reversed the decision	0	0	0	0	0	0
Percentage of appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	0	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Mental Health - Utilization Review Data

2016 DATA

HMO - ConnectiCare

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	358	117	102	492	75	0
Number of UR requests denied	14	17	7	21	1	0
Percentage of UR requests denied	3.91%	14.53%	6.86%	4.27%	1.33%	0.00%
Number of denials that were appealed	2	5	2	5	0	0
Percentage of denials that were appealed	14.29%	29.41%	28.57%	23.81%	0.00%	0.00%
Number of appeals that reversed the decision	1	2	0	0	0	0
Percentage of appeals that reversed the decision	50.00%	40.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	1	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	33.33%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	1	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%

HMO - Harvard

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	6	0	8	6	0	0
Number of UR requests denied	1	0	0	0	0	0
Percentage of UR requests denied	16.67%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of denials that were appealed	0	0	0	0	0	0
Percentage of denials that were appealed	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of appeals that reversed the decision	0	0	0	0	0	0
Percentage of appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	0	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

HMO - Oxford

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	1	6	2	14	35	0
Number of UR requests denied	1	6	2	14	11	0
Percentage of UR requests denied	100.00%	100.00%	100.00%	100.00%	31.43%	0.00%
Number of denials that were appealed	0	0	0	0	1	0
Percentage of denials that were appealed	0.00%	0.00%	0.00%	0.00%	9.09%	0.00%
Number of appeals that reversed the decision	0	0	0	0	0	0
Percentage of appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	0	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Mental Health - Utilization Review Data

2016 DATA

Indemnity - Aetna Life

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	251	96	134	189	118	136
Number of UR requests denied	16	54	30	24	15	9
Percentage of UR requests denied	6.37%	56.25%	22.39%	12.70%	12.71%	6.62%
Number of denials that were appealed	4	4	0	2	8	0
Percentage of denials that were appealed	25.00%	7.41%	0.00%	8.33%	53.33%	0.00%
Number of appeals that reversed the decision	2	0	0	0	4	0
Percentage of appeals that reversed the decision	50.00%	0.00%	0.00%	0.00%	50.00%	0.00%
Number of upheld appeals that went to external appeal	0	4	0	0	2	0
Percentage of upheld appeals that went to external appeals	0.00%	100.00%	0.00%	0.00%	50.00%	0.00%
Number of external appeals that reversed the decision	0	3	0	0	2	0
Percentage of external appeals that reversed the decision	0.00%	75.00%	0.00%	0.00%	100.00%	0.00%

Indemnity - Anthem

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	1,219	922	720	1,322	324	258
Number of UR requests denied	18	93	20	33	24	6
Percentage of UR requests denied	1.48%	10.09%	2.78%	2.50%	7.41%	2.33%
Number of denials that were appealed	10	23	3	7	1	0
Percentage of denials that were appealed	55.56%	24.73%	15.00%	21.21%	4.17%	0.00%
Number of appeals that reversed the decision	4	5	2	4	1	0
Percentage of appeals that reversed the decision	40.00%	21.74%	66.67%	57.14%	100.00%	0.00%
Number of upheld appeals that went to external appeal	1	6	0	0	0	0
Percentage of upheld appeals that went to external appeals	16.67%	33.33%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	1	3	0	0	0	0
Percentage of external appeals that reversed the decision	100.00%	50.00%	0.00%	0.00%	0.00%	0.00%

Indemnity - Cigna H & L

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	265	129	103	118	53	89
Number of UR requests denied	11	25	16	4	8	7
Percentage of UR requests denied	4.15%	19.38%	15.53%	3.39%	15.09%	7.87%
Number of denials that were appealed	10	10	7	3	4	3
Percentage of denials that were appealed	90.91%	40.00%	43.75%	75.00%	50.00%	42.86%
Number of appeals that reversed the decision	2	2	0	0	1	0
Percentage of appeals that reversed the decision	20.00%	20.00%	0.00%	0.00%	25.00%	0.00%
Number of upheld appeals that went to external appeal	0	2	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	25.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Mental Health - Utilization Review Data

2016 DATA

Indemnity - ConnectiCare Benefits

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	479	257	197	824	191	0
Number of UR requests denied	9	17	8	58	4	0
Percentage of UR requests denied	1.88%	6.61%	4.06%	7.04%	2.09%	0.00%
Number of denials that were appealed	3	7	1	4	1	0
Percentage of denials that were appealed	33.33%	41.18%	12.50%	6.90%	25.00%	0.00%
Number of appeals that reversed the decision	1	1	0	0	1	0
Percentage of appeals that reversed the decision	33.33%	14.29%	0.00%	0.00%	100.00%	0.00%
Number of upheld appeals that went to external appeal	0	1	1	1	0	0
Percentage of upheld appeals that went to external appeals	0.00%	16.67%	100.00%	25.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	1	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%

Indemnity - ConnectiCare

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	1,350	810	872	2,481	248	0
Number of UR requests denied	36	74	67	97	8	0
Percentage of UR requests denied	2.67%	9.14%	7.68%	3.91%	3.23%	0.00%
Number of denials that were appealed	7	23	15	25	0	0
Percentage of denials that were appealed	19.44%	31.08%	22.39%	25.77%	0.00%	0.00%
Number of appeals that reversed the decision	3	4	3	4	0	0
Percentage of appeals that reversed the decision	42.86%	17.39%	20.00%	16.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	3	0	1	0	0
Percentage of upheld appeals that went to external appeals	0.00%	15.79%	0.00%	4.76%	0.00%	0.00%
Number of external appeals that reversed the decision	0	1	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	33.33%	0.00%	0.00%	0.00%	0.00%

Indemnity - CT General

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	0	0	0	0	0	0
Number of UR requests denied	0	0	0	0	0	0
Percentage of UR requests denied	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of denials that were appealed	0	0	0	0	0	0
Percentage of denials that were appealed	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of appeals that reversed the decision	0	0	0	0	0	0
Percentage of appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	0	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Mental Health - Utilization Review Data

2016 DATA

Indemnity - HPHC

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	210	119	89	276	97	0
Number of UR requests denied	5	24	19	25	4	0
Percentage of UR requests denied	2.38%	20.17%	21.35%	9.06%	4.12%	0.00%
Number of denials that were appealed	1	0	0	1	2	0
Percentage of denials that were appealed	20.00%	0.00%	0.00%	4.00%	50.00%	0.00%
Number of appeals that reversed the decision	1	0	0	1	1	0
Percentage of appeals that reversed the decision	100.00%	0.00%	0.00%	100.00%	50.00%	0.00%
Number of upheld appeals that went to external appeal	0	0	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Indemnity - Oxford Health

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	7	17	8	57	368	143
Number of UR requests denied	7	17	8	57	63	30
Percentage of UR requests denied	100.00%	100.00%	100.00%	100.00%	17.12%	20.98%
Number of denials that were appealed	3	7	1	1	4	0
Percentage of denials that were appealed	42.86%	41.18%	12.50%	1.75%	6.35%	0.00%
Number of appeals that reversed the decision	0	0	0	0	0	0
Percentage of appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of upheld appeals that went to external appeal	0	0	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

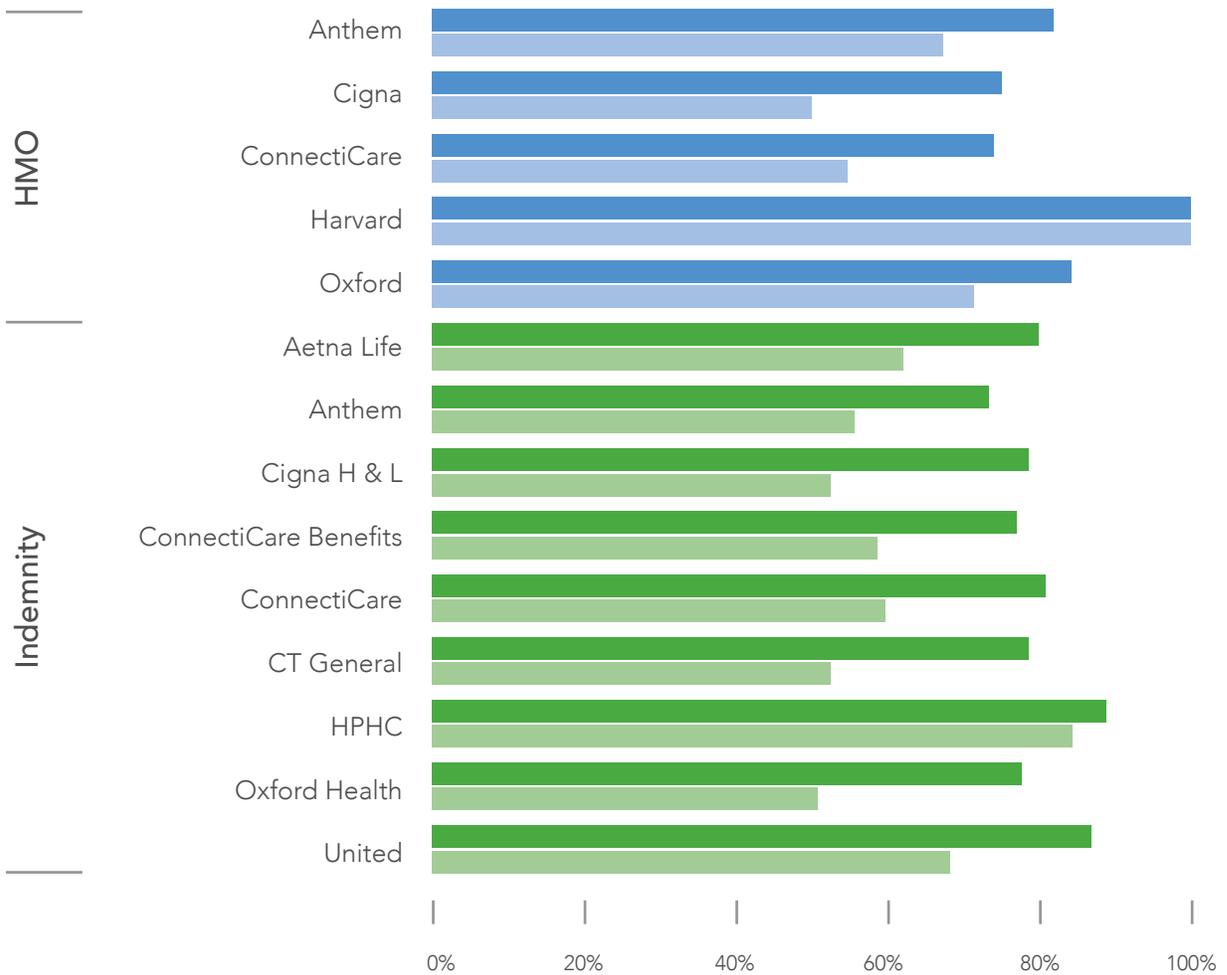
Indemnity - United

	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR requests received	307	161	194	434	40	0
Number of UR requests denied	12	10	11	29	10	0
Percentage of UR requests denied	3.91%	6.21%	5.67%	6.68%	25.00%	0.00%
Number of denials that were appealed	2	3	2	5	9	0
Percentage of denials that were appealed	16.67%	30.00%	18.18%	17.24%	90.00%	0.00%
Number of appeals that reversed the decision	0	0	0	3	4	0
Percentage of appeals that reversed the decision	0.00%	0.00%	0.00%	60.00%	44.44%	0.00%
Number of upheld appeals that went to external appeal	0	1	0	0	0	0
Percentage of upheld appeals that went to external appeals	0.00%	33.33%	0.00%	0.00%	0.00%	0.00%
Number of external appeals that reversed the decision	0	0	0	0	0	0
Percentage of external appeals that reversed the decision	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Mental Health - Care Measures

2016 DATA

Follow-Up After Hospitalization for Mental Illness



The percentage of discharges for members 6 years of age and older as of the discharge date who: (a) were continuously enrolled from the date of discharge through 30 days after discharge and (b) had an acute care inpatient discharge with a principal diagnosis of mental illness with a discharge date on or between January 1 and December 1, 2016:

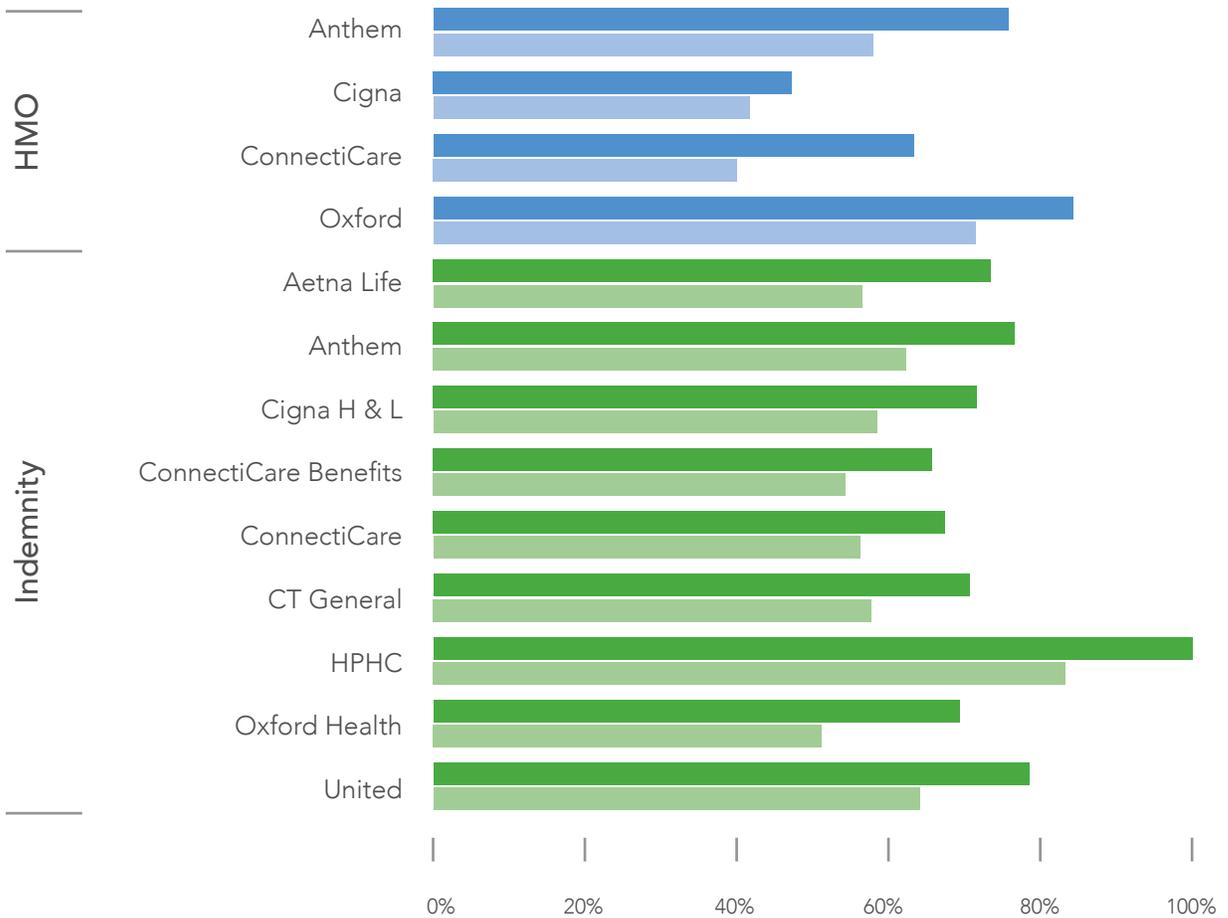
- A) Who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 30 days after the hospital discharge.
- B) Who had an outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 7 days after the hospital discharge.

Note: Aetna Health (HMO) was excluded from chart as proportion served was 0%.

Mental Health - Care Measures

2016 DATA

Follow-Up After Emergency Department Visit for Mental Health



The percentage of emergency department (ED) visits between January 1 and December 1, 2016, for members 6 years of age and older as of the date of the ED visit who: (a) were continuously enrolled from the date of the ED visit through 30 days after the ED visit and (b) who had a principal diagnosis of mental illness with a follow-up visit for mental illness:

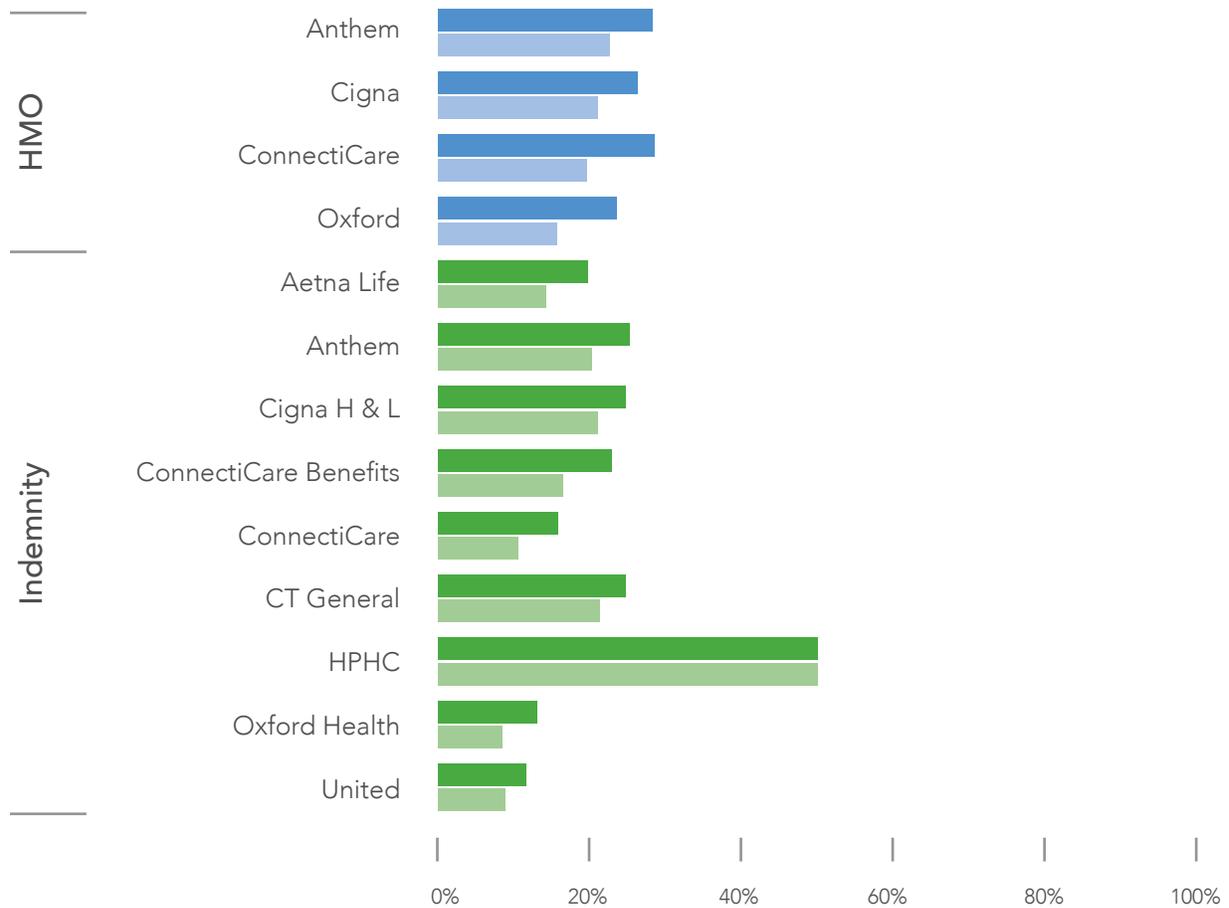
- ■ A) Who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder on or within 30 days after the ED visit.
- ■ B) Who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder on or within 7 days after the ED visit.

Note: Aetna Health (HMO) and Harvard (HMO) were excluded from chart as proportion served was 0%.

Mental Health - Care Measures

2016 DATA

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



The percentage of emergency department (ED) visits between January 1 and December 1, 2016, for members 13 years of age and older as of the date of the ED visit who: (a) were continuously enrolled from the date of the ED visit through 30 days after the ED visit, and (b) who had a principal diagnosis of alcohol or other drug (AOD) dependence with a follow-up visit for AOD dependence:

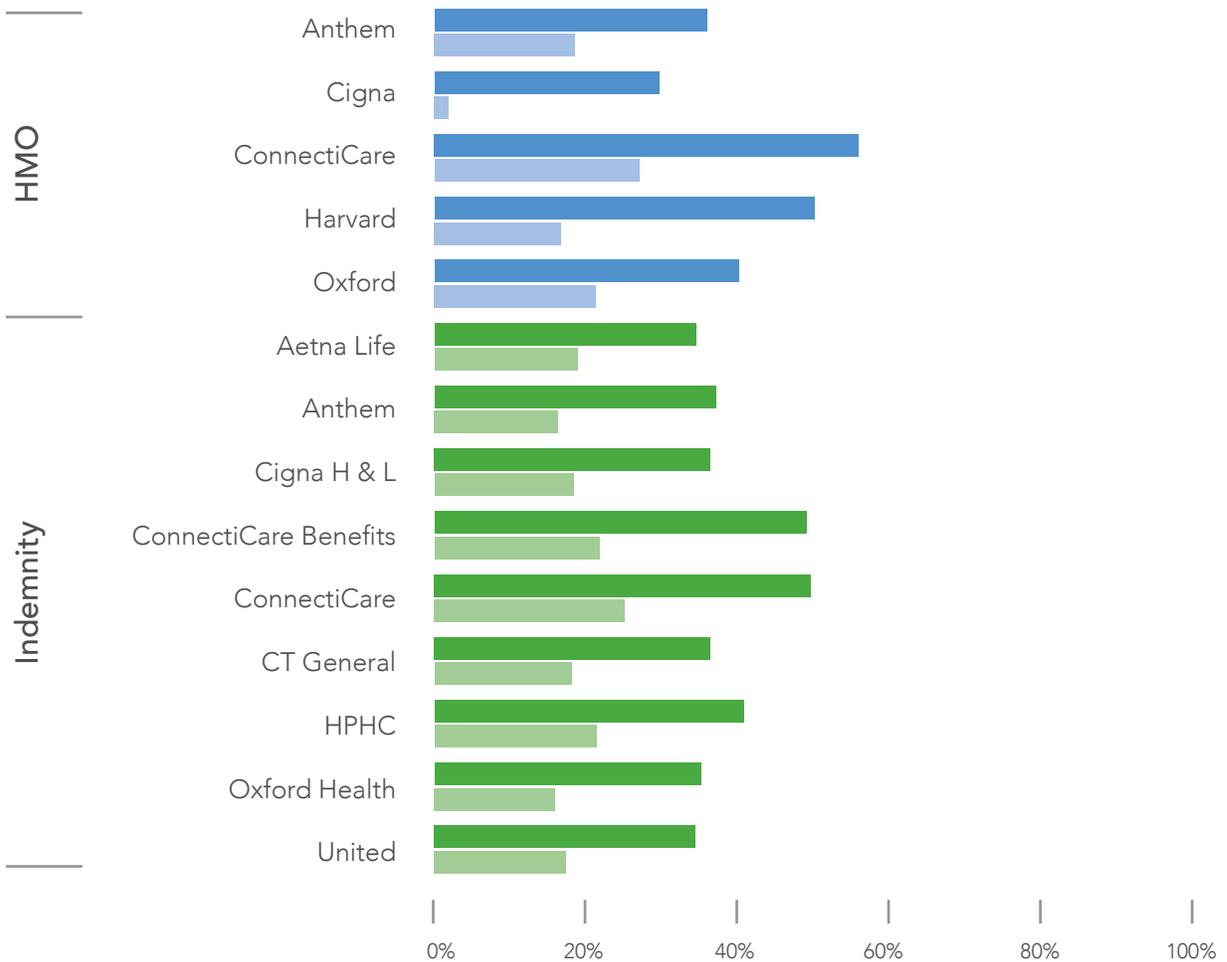
- ■ A) Who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder on or within 30 days after the ED visit.
- ■ B) Who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder on or within 7 days after the ED visit.

Note: Aetna Health (HMO) and Harvard (HMO) were excluded from chart as proportion served was 0%.

Mental Health - Care Measures

2016 DATA

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



The percentage of members 13 years of age and older as of December 31, 2016, with a new episode of alcohol or other drug (AOD) dependence on or between January 1 and November 15, 2016, who: (a) were continuously enrolled from 60 days prior to the Index Episode Start Date (IESD) through 44 days after the IESD and (b) received the following:

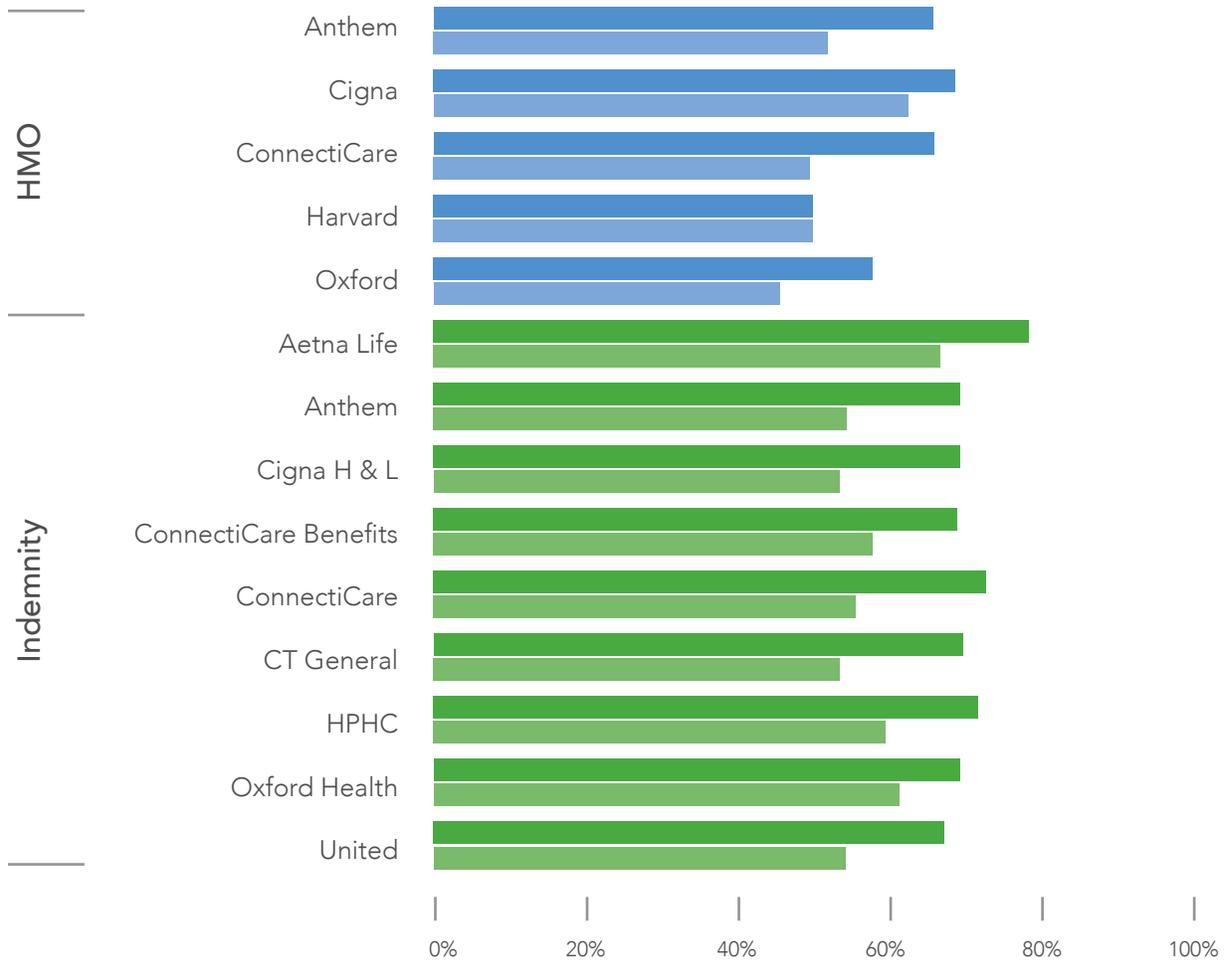
- ■ A) Initiation of AOD Treatment - the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
- ■ B) Engagement of AOD Treatment - the percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

Note: Aetna Health (HMO) was excluded from chart as proportion served was 0%.

Mental Health - Care Measures

2016 DATA

Anti-Depressant Medication Management



The percentage of members 18 and older as of April 30, 2016, who: (a) were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, (b) were not taking an antidepressant medication 105 days prior to the IPSD, (c) were diagnosed with a new episode of depression during the 121-day period from 60 days prior to the IPSD through 60 days after the IPSD and treated with antidepressant medication, and (d) met at least one of the following criteria during the intake period: (1) an outpatient, intensive outpatient or partial hospitalization setting with any diagnosis of major depression; (2) an ED visit with any diagnosis of major depression; or (3) at least one inpatient claim/encounter with any diagnosis of major depression.

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

Note: Aetna Health (HMO) was excluded from chart as proportion served was 0%.

Mental Health - Care Measures

2016 DATA

HMO

	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
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MENTAL HEALTH UTILIZATION

The total number of members who received care.

	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
A) Any mental health service	138	24,615	297	3,000	55	2,463
B) Inpatient mental health services	2	477	6	86	1	79
C) Intensive outpatient or partial hospitalization health services	2	570	8	90	0	63
D) Outpatient or emergency department health services	137	24,538	294	2,983	55	2,450

The percentage of all enrollees with a mental health benefit who received the respective service.

	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
A) Any mental health service	11.23%	14.29%	3.48%	9.31%	7.45%	10.28%
B) Inpatient mental health services	0.16%	0.28%	0.07%	0.27%	0.14%	0.33%
B) Intensive outpatient or partial hospitalization health services	0.16%	0.33%	0.09%	0.28%	0.14%	0.26%
C) Outpatient or emergency department health services	11.15%	14.24%	3.44%	9.25%	7.45%	10.23%

ALCOHOL & OTHER DRUG SERVICES

The total number of members who received care.

	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
A) Any chemical dependency service	19	3,942	92	744	17	460
B) Inpatient chemical dependency services	2	782	23	162	4	97
C) Intensive outpatient or partial hospitalization health services	1	493	9	82	3	62
D) Outpatient or emergency department health services	19	3,670	80	699	14	432

The percentage of all enrollees with a alcohol and other drug benefit who received the respective service.

	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
A) Any chemical dependency service	1.55%	2.29%	1.08%	2.31%	2.30%	1.92%
B) Inpatient chemical dependency services	0.16%	0.45%	0.27%	0.50%	0.54%	0.40%
C) Intensive outpatient or partial hospitalization health services	0.08%	0.29%	0.11%	0.25%	0.41%	0.26%
D) Outpatient or emergency department health services	1.55%	2.13%	0.94%	2.17%	1.90%	1.80%

Mental Health - Care Measures

2016 DATA

Indemnity

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare
MENTAL HEALTH UTILIZATION					
The total number of members who received care.					
A) Any mental health service	30,004	48,218	27,275	4,489	14,595
B) Inpatient mental health services	733	1,220	640	146	365
C) Intensive outpatient or partial hospitalization health services	765	1,155	546	121	388
D) Outpatient or emergency department health services	29,845	47,998	27,127	4,460	14,515
The percentage of all enrollees with a mental health benefit who received the respective service.					
A) Any mental health service	9.17%	9.57%	9.21%	8.83%	8.88%
B) Inpatient mental health services	0.22%	0.24%	0.22%	0.29%	0.22%
B) Intensive outpatient or partial hospitalization health services	0.23%	0.23%	0.18%	0.24%	0.24%
C) Outpatient or emergency department health services	9.13%	9.53%	9.16%	8.77%	8.83%
ALCOHOL & OTHER DRUG SERVICES					
The total number of members who received care.					
A) Any chemical dependency service	5,812	9,268	5,051	1,624	3,736
B) Inpatient chemical dependency services	1,088	1,992	964	322	833
C) Intensive outpatient or partial hospitalization health services	746	1,021	654	147	463
D) Outpatient or emergency department health services	5,423	8,444	4,710	1,539	3,553
The percentage of all enrollees with a alcohol and other drug benefit who received the respective service.					
A) Any chemical dependency service	1.78%	1.84%	1.71%	3.19%	2.27%
B) Inpatient chemical dependency services	0.33%	0.40%	0.33%	0.63%	0.51%
B) Intensive outpatient or partial hospitalization health services	0.23%	0.20%	0.22%	0.29%	0.28%
C) Outpatient or emergency department health services	1.66%	1.68%	1.59%	3.03%	2.16%

Mental Health - Care Measures

2016 DATA

CT General	HPHC	Oxford Health	United
25,572	1,706	5,848	14,528
646	53	140	391
554	64	111	391
27,421	1,689	5,817	14,468
1.47%	7.30%	10.89%	9.43%
0.03%	0.25%	0.26%	0.25%
0.03%	0.30%	0.21%	0.25%
1.46%	7.85%	10.84%	9.39%
5,143	468	965	2,563
987	76	245	546
663	82	104	315
4,790	434	914	2,460
0.27%	2.17%	1.80%	1.66%
0.05%	0.35%	0.46%	0.35%
0.04%	0.38%	0.19%	0.20%
0.25%	2.02%	1.70%	1.60%

Health Claims

2016 DATA

Claim expenses are on a per member per month basis.

HMO

	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
Total mental health	\$8.32	\$11.45	\$0.00	\$8.56	\$14.87	\$10.38
Inpatient mental health	\$1.85	\$4.09	\$0.00	\$2.65	\$7.33	\$3.77
Outpatient mental health	\$6.47	\$7.36	\$0.00	\$5.91	\$7.54	\$6.61
Total substance abuse	\$0.30	\$4.20	\$0.00	\$2.34	\$4.59	\$2.68
Inpatient substance abuse	\$0.01	\$3.06	\$0.00	\$0.23	\$1.02	\$1.02
Outpatient substance abuse	\$0.29	\$1.14	\$0.00	\$2.11	\$3.57	\$1.66
Total medical	\$518.62	\$345.59	\$171.74	\$363.40	\$260.50	\$431.98
Inpatient medical	\$150.25	\$92.07	\$86.19	\$99.98	\$69.90	\$147.60
Outpatient medical	\$368.37	\$253.52	\$85.55	\$263.42	\$190.60	\$284.38
Total for all inpatient	\$152.11	\$99.22	\$86.19	\$102.86	\$78.25	\$152.39
Total for all outpatient	\$375.13	\$262.02	\$85.55	\$271.44	\$201.71	\$292.65

Indemnity

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General
Total mental health	\$6.75	\$14.42	\$4.83	\$8.08	\$7.52	\$0.00
Inpatient mental health	\$2.17	\$4.98	\$2.77	\$1.85	\$1.93	\$0.00
Outpatient mental health	\$4.58	\$9.44	\$2.06	\$6.23	\$5.59	\$0.00
Total substance abuse	\$2.24	\$4.49	\$2.00	\$5.07	\$5.35	\$0.00
Inpatient substance abuse	\$0.78	\$3.22	\$0.62	\$0.39	\$0.35	\$0.00
Outpatient substance abuse	\$1.46	\$1.27	\$1.38	\$4.68	\$5.00	\$0.00
Total medical	\$339.01	\$363.98	\$251.28	\$363.88	\$326.29	\$520.99
Inpatient medical	\$82.90	\$102.51	\$107.88	\$105.34	\$94.20	\$266.02
Outpatient medical	\$256.11	\$261.47	\$143.40	\$258.54	\$232.09	\$254.97
Total for all inpatient	\$85.85	\$110.71	\$111.27	\$107.58	\$96.48	\$266.02
Total for all outpatient	\$262.15	\$272.18	\$146.84	\$269.45	\$242.68	\$254.97

Health Claims

2016 DATA



Thousands of **Connecticut** individuals and families use their insurance to access **behavioral health & substance abuse treatment.**

THE CONNECTICUT INSURANCE DEPARTMENT IS HERE TO HELP WITH QUESTIONS OR CONCERNS.



HPHC	Oxford Health	United
\$15.78	\$17.26	\$18.74
\$7.98	\$3.41	\$3.17
\$7.80	\$13.85	\$15.57
\$8.07	\$8.99	\$6.06
\$4.71	\$3.54	\$1.91
\$3.36	\$5.45	\$4.15
\$299.84	\$441.94	\$400.23
\$88.16	\$103.72	\$88.44
\$211.68	\$338.22	\$311.79
\$100.85	\$110.67	\$93.52
\$222.84	\$357.52	\$331.51

Claim Denials

2016 DATA

HMO

		Aetna Health	Anthem
The total number of claims received for the period.		39,812	265,365
Provide the number of denials of the total in each of the following:	1) "not a covered benefit"	1,221	1,354
	2) "not medically necessary"	19	455
	3) "not an eligible enrollee/dependent"	8,096	15,576
	4) "incomplete submission"	519	1,887
	5) "duplicate submission"	308	18,477
	6) "all other miscellaneous"	5,328	19,377
Provide the number of denials as a percent of the total claims for the following:	1) "not a covered benefit"	3.07%	0.51%
	2) "not medically necessary"	0.05%	0.17%
	3) "not an eligible enrollee/dependent"	20.34%	5.87%
	4) "incomplete submission"	1.30%	0.71%
	5) "duplicate submission"	0.77%	6.96%
	6) "all other miscellaneous"	13.38%	7.30%
Provide the number of internal appeals of denials in each of the following:	1) "not a covered benefit"	2	82
	2) "not medically necessary"	6	21
	3) "not an eligible enrollee/dependent"	0	0
	4) "incomplete submission"	0	0
	5) "duplicate submission"	0	0
	6) "all other miscellaneous"	16	277
Provide the number of internal appeals as a percent of the total claims for the following:	1) "not a covered benefit"	0.01%	0.03%
	2) "not medically necessary"	0.02%	0.01%
	3) "not an eligible enrollee/dependent"	0.00%	0.00%
	4) "incomplete submission"	0.00%	0.00%
	5) "duplicate submission"	0.00%	0.00%
	6) "all other miscellaneous"	0.04%	0.10%
Provide the number of internal appeals reversed on appeal in each of the following:	1) "not a covered benefit"	0	41
	2) "not medically necessary"	0	3
	3) "not an eligible enrollee/dependent"	0	0
	4) "incomplete submission"	0	0
	5) "duplicate submission"	0	0
	6) "all other miscellaneous"	0	148
Provide the number of reversed appeals as a percent of the total claims for the following:	1) "not a covered benefit"	0.00%	0.02%
	2) "not medically necessary"	0.00%	0.00%
	3) "not an eligible enrollee/dependent"	0.00%	0.00%
	4) "incomplete submission"	0.00%	0.00%
	5) "duplicate submission"	0.00%	0.00%
	6) "all other miscellaneous"	0.00%	0.06%

Claim Denials

2016 DATA

Cigna	ConnectiCare	Harvard	Oxford
532	1,154,431	7,130	114,021
11	9,557	43	1,813
0	669	0	183
0	35,056	1	7,857
2	34,905	465	1,109
0	24,840	175	4,279
35	95,580	288	17,078
2.07%	0.83%	0.60%	1.59%
0.00%	0.06%	0.00%	0.16%
0.00%	3.04%	0.01%	6.89%
0.38%	3.02%	6.52%	0.97%
0.00%	2.15%	2.45%	3.75%
6.58%	8.28%	4.04%	14.98%
0	111	0	0
0	30	0	20
0	3	0	0
0	90	0	5
0	30	0	0
0	1,512	0	29
0.00%	0.01%	0.00%	0.00%
0.00%	0.00%	0.00%	0.02%
0.00%	0.00%	0.00%	0.00%
0.00%	0.01%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%
0.00%	0.13%	0.00%	0.03%
0	24	0	0
0	2	0	8
0	0	0	0
0	65	0	2
0	16	0	0
0	1,117	0	10
0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.01%
0.00%	0.00%	0.00%	0.00%
0.00%	0.01%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%
0.00%	0.10%	0.00%	0.01%

Claim Denials

2016 DATA

Indemnity

		Aetna Life	Anthem	Cigna H & L
The total number of claims received for the period.		2,504,309	1,167,576	779,634
Provide the number of denials of the total in each of the following:	1) "not a covered benefit"	69,499	3,877	9,441
	2) "not medically necessary"	2,654	1,337	1,590
	3) "not an eligible enrollee/dependent"	112,044	35,167	1,486
	4) "incomplete submission"	22,510	39,164	2,297
	5) "duplicate submission"	17,334	48,771	7
	6) "all other miscellaneous"	325,657	68,471	47,044
Provide the number of denials as a percent of the total claims for the following:	1) "not a covered benefit"	2.78%	0.33%	1.21%
	2) "not medically necessary"	0.11%	0.11%	0.20%
	3) "not an eligible enrollee/dependent"	4.47%	3.01%	0.19%
	4) "incomplete submission"	0.90%	3.35%	0.29%
	5) "duplicate submission"	0.69%	4.18%	0.00%
	6) "all other miscellaneous"	13.00%	5.86%	6.03%
Provide the number of internal appeals of denials in each of the following:	1) "not a covered benefit"	92	208	0
	2) "not medically necessary"	33	70	291
	3) "not an eligible enrollee/dependent"	0	0	0
	4) "incomplete submission"	0	0	0
	5) "duplicate submission"	0	0	0
	6) "all other miscellaneous"	304	516	270
Provide the number of internal appeals as a percent of the total claims for the following:	1) "not a covered benefit"	0.00%	0.02%	0.00%
	2) "not medically necessary"	0.00%	0.01%	0.04%
	3) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%
	4) "incomplete submission"	0.00%	0.00%	0.00%
	5) "duplicate submission"	0.00%	0.00%	0.00%
	6) "all other miscellaneous"	0.01%	0.04%	0.03%
Provide the number of internal appeals reversed on appeal in each of the following:	1) "not a covered benefit"	26	71	0
	2) "not medically necessary"	3	17	80
	3) "not an eligible enrollee/dependent"	0	0	0
	4) "incomplete submission"	0	0	0
	5) "duplicate submission"	0	0	0
	6) "all other miscellaneous"	78	212	59
Provide the number of reversed appeals as a percent of the total claims for the following:	1) "not a covered benefit"	0.00%	0.01%	0.00%
	2) "not medically necessary"	0.00%	0.00%	0.01%
	3) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%
	4) "incomplete submission"	0.00%	0.00%	0.00%
	5) "duplicate submission"	0.00%	0.00%	0.00%
	6) "all other miscellaneous"	0.00%	0.02%	0.01%

Claim Denials

2016 DATA

ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
1,820,339	4,895,509	1,041	218,467	1,208,513	1,111,795
21,080	43,935	39	1,496	13,381	13,687
862	2,013	7	19	3,095	5,807
55,372	59,772	0	61	31,334	7,851
65,290	168,354	4	6,327	13,796	11,904
40,344	115,376	0	9,800	47,711	20,394
114,986	333,678	252	7,779	184,948	85,673
1.16%	0.90%	3.75%	0.68%	1.11%	1.23%
0.05%	0.04%	0.67%	0.01%	0.26%	0.52%
3.04%	1.22%	0.00%	0.03%	2.59%	0.71%
3.59%	3.44%	0.38%	2.90%	1.14%	1.07%
2.22%	2.36%	0.00%	4.49%	3.95%	1.83%
6.32%	6.82%	24.21%	3.56%	15.30%	7.71%
263	586	0	0	0	9
90	109	0	0	22	120
23	17	0	0	0	3
184	498	0	8	0	24
27	81	0	0	2	2
731	2,250	0	6	2,546	289
0.01%	0.01%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.01%	0.01%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.04%	0.05%	0.00%	0.00%	0.21%	0.03%
86	195	0	0	0	3
4	13	0	0	2	46
18	8	0	0	0	2
121	310	0	5	0	7
6	59	0	0	1	2
407	1,251	0	5	1,300	134
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.01%	0.01%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.02%	0.03%	0.00%	0.00%	0.11%	0.01%

Federal Medical Loss Ratios

2016 DATA

Federal Medical Loss Ratio is the percentage of premium used to pay claims and certain permitted expenses.

HMO

	Individual	Small Group	Large Group
Aetna Health	NA	23,421.60%	89.60%
Anthem	85.10%	85.20%	90.80%
Cigna	146.80%	NA	70.00%
ConnectiCare	97.50%	103.47%	91.94%
Harvard	NA	NR	NR
Oxford	NA	95.70%	93.50%

Indemnity

	Individual	Small Group	Large Group
Aetna Life	104.90%	90.10%	90.60%
Anthem	85.10%	85.20%	90.80%
Cigna H & L	114.60%	NA	94.60%
ConnectiCare Benefits	87.37%	NA	NA
ConnectiCare	10.02%	85.23%	91.76%
CT General	134.20%	NA	NA
HPHC	NA	113.90%	103.40%
Oxford Health	99.30%	84.40%	87.70%
United	98.00%	103.30%	86.90%

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.

The state MLR is not included in the report as the federal MLR is the determining factor in any rebates required based on ACA.

Participating Providers by County

The following tables show the total number of primary care physicians*, physician specialists, hospitals and pharmacies for each HMO provider network in Connecticut by county. 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.

HMO

	FAIRFIELD COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
	1,177	1,109	1,054	2,469	2,414	2,223	6	6	6	163	160	163
Anthem	1,094	999	1,030	1,766	1,706	1,818	6	6	6	165	162	160
	1,464	1,387	1,196	3,374	3,393	3,157	6	6	6	166	164	166
ConnectiCare	1,497	1,414	1,214	2,837	2,659	1,983	6	6	6	164	162	161
	518	445	177	3,248	2,110	521	6	6	5	213	160	250
Oxford	763	715	916	2,010	1,921	1,793	6	6	6	160	158	159

	HARTFORD COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Health	1,075	1,055	1,056	2,391	2,363	2,335	7	7	7	183	184	187
Anthem	1,125	1,096	1,100	2,062	2,076	2,399	7	7	7	180	182	182
Cigna	1,639	1,598	1,144	4,068	3,831	3,421	7	7	7	181	185	185
ConnectiCare	1,735	1,640	1,583	3,812	3,675	3,411	7	7	7	180	183	183
Harvard	654	710	474	4,635	4,667	1,324	7	7	7	237	181	282
Oxford	727	761	967	2,149	1,970	1,904	7	7	7	177	179	182

	LITCHFIELD COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Health	193	174	148	528	537	533	3	3	3	40	40	40
Anthem	144	127	140	167	162	248	2	2	3	40	40	39
Cigna	222	209	178	476	486	480	3	3	3	40	40	40
ConnectiCare	137	150	144	212	217	211	3	3	3	39	39	39
Harvard	81	60	30	652	305	81	4	4	2	47	40	56
Oxford	107	116	126	330	333	294	2	2	2	40	40	39

* 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.

Participating Providers by County

HMO

	MIDDLESEX COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Health	213	197	183	490	479	464	1	1	1	38	38	36
Anthem	211	224	221	256	256	253	1	1	1	38	38	36
Cigna	295	269	245	459	451	429	1	1	1	38	36	36
ConnectiCare	222	211	210	213	206	198	1	1	1	38	38	36
Harvard	96	75	54	779	415	146	1	1	1	49	36	57
Oxford	154	164	206	341	296	282	1	1	1	37	37	35

	NEW HAVEN COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Health	1,283	1,230	1,190	2,916	2,905	2,823	7	7	7	186	181	181
Anthem	1,242	1,163	1,177	2,417	2,403	2,515	6	6	7	188	183	179
Cigna	1,650	1,515	1,298	3,923	3,876	4,041	7	7	7	183	179	180
ConnectiCare	1,408	1,331	1,404	2,777	2,749	3,261	7	7	7	188	183	181
Harvard	476	377	215	5,036	3,968	1,281	5	5	4	224	175	263
Oxford	774	776	955	2,557	2,396	2,275	6	6	6	185	177	179

	NEW LONDON COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Health	263	251	238	655	627	609	2	2	2	52	52	51
Anthem	290	279	282	411	395	438	2	2	2	52	54	52
Cigna	271	269	222	730	687	725	2	2	2	59	58	58
ConnectiCare	311	307	290	634	606	579	2	2	2	56	54	52
Harvard	123	112	27	1,078	683	97	2	2	1	64	49	78
Oxford	211	195	242	502	447	403	2	2	2	53	53	56

Participating Providers by County

HMO

	TOLLAND COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Health	155	146	145	338	340	292	2	2	2	24	24	25
Anthem	89	88	95	56	69	98	2	1	2	24	25	23
Cigna	260	206	173	397	307	333	2	2	2	23	23	24
ConnectiCare	100	98	103	81	87	99	2	2	2	24	25	24
Harvard	67	45	34	597	237	39	2	2	2	39	22	45
Oxford	92	100	124	263	189	155	2	2	2	25	25	25

	WINDHAM COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Health	139	134	136	259	250	229	2	2	2	22	22	23
Anthem	115	116	122	104	117	128	2	2	2	22	22	23
Cigna	162	153	141	308	295	284	2	2	2	22	22	23
ConnectiCare	128	127	125	170	152	125	2	2	2	22	22	23
Harvard	75	55	39	454	160	35	2	2	2	34	24	47
Oxford	106	103	123	178	171	169	2	2	2	21	22	22

	TOTAL, ALL COUNTIES											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Health	4,498	4,296	4,150	10,046	9,915	9,508	30	30	30	708	701	706
Anthem	4,310	4,092	4,167	7,239	7,184	7,897	28	27	30	709	706	694
Cigna	5,963	5,606	4,597	13,735	13,326	12,870	30	30	30	712	707	712
ConnectiCare	5,538	5,278	5,073	10,736	10,351	9,867	30	30	30	711	706	699
Harvard	2,090	1,879	1,050	16,479	12,545	3,524	29	29	24	907	687	1,078
Oxford	2,934	2,930	3,659	8,330	7,723	7,275	28	28	28	698	691	697

Participating Providers by County

The following tables show the total number of primary care physicians*, physician specialists, hospitals and pharmacies for each Indemnity provider network in Connecticut by county. 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 Indemnity's enrollees.

Indemnity

	FAIRFIELD COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Life	1,177	1,109	1,054	2,469	2,414	2,223	6	6	6	163	160	163
Anthem	1,107	1,018	1,049	1,795	1,748	1,860	6	6	6	165	162	160
Cigna H & L	1,475	1,372	1,202	3,406	3,263	3,258	6	6	6	166	165	166
ConnectiCare Benefits	1,449	1,361	1,276	2,741	2,553	2,457	6	6	6	164	162	161
ConnectiCare	1,497	1,414	1,214	2,837	2,659	1,983	6	6	6	164	162	161
CT General	1,475	1,372	1,202	3,406	3,263	3,258	6	6	6	166	165	166
HPHC	518	445	177	3,248	2,110	521	6	6	5	213	160	250
Oxford Health	763	715	916	2,010	1,921	1,793	6	6	6	160	158	159
United	763	715	916	2,010	1,921	1,793	6	6	6	160	158	159

* 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.

Participating Providers by County

Indemnity

	HARTFORD COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Life	1,075	1,055	1,056	2,391	2,363	2,335	7	7	7	183	184	187
Anthem	1,127	1,099	1,103	2,093	2,121	2,445	7	7	7	180	182	182
Cigna H & L	1,673	1,589	1,163	4,011	3,831	3,517	7	7	7	181	185	185
ConnectiCare Benefits	1,697	1,603	1,503	3,676	3,538	3,212	7	7	7	180	183	183
ConnectiCare	1,735	1,640	1,583	3,812	3,675	3,411	7	7	7	180	183	183
CT General	1,673	1,589	1,163	4,011	3,831	3,517	7	7	7	181	185	185
HPHC	654	710	474	4,635	4,667	1,324	7	7	7	237	181	282
Oxford Health	727	761	967	2,149	1,970	1,904	7	7	7	177	179	182
United	727	761	967	2,149	1,970	1,904	7	7	7	177	179	182

	LITCHFIELD COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Life	193	174	148	528	537	533	3	3	3	40	40	40
Anthem	146	129	143	170	170	255	2	2	3	40	40	39
Cigna H & L	227	214	180	465	470	511	3	3	3	40	40	40
ConnectiCare Benefits	135	150	143	202	207	201	3	3	3	39	39	39
ConnectiCare	137	150	144	212	217	211	3	3	3	39	39	39
CT General	227	214	180	465	470	511	3	3	3	40	40	40
HPHC	81	60	30	652	305	81	4	4	2	47	40	56
Oxford Health	107	116	126	330	333	294	2	2	2	40	40	39
United	107	116	126	330	333	294	2	2	2	40	40	39

Participating Providers by County

Indemnity

	MIDDLESEX COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Life	213	197	183	490	479	464	1	1	1	38	38	36
Anthem	211	224	221	259	262	268	1	1	1	38	38	36
Cigna H & L	301	272	251	456	427	447	1	1	1	38	36	36
ConnectiCare Benefits	218	210	210	189	190	183	1	1	1	38	38	36
ConnectiCare	222	211	210	213	206	198	1	1	1	38	38	36
CT General	301	272	251	456	427	447	1	1	1	38	36	36
HPHC	96	75	54	779	415	146	1	1	1	49	36	57
Oxford Health	154	164	206	341	296	282	1	1	1	37	37	35
United	154	164	206	341	296	282	1	1	1	37	37	35

	NEW HAVEN COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Life	1,283	1,230	1,190	2,916	2,905	2,823	7	7	7	186	181	181
Anthem	1,246	1,169	1,183	2,465	2,449	2,563	6	6	7	188	183	179
Cigna H & L	1,674	1,521	1,312	3,955	3,810	4,072	7	7	7	183	179	180
ConnectiCare Benefits	1,331	1,249	1,202	2,722	2,703	2,573	7	7	7	188	183	181
ConnectiCare	1,408	1,331	1,404	2,777	2,749	3,261	7	7	7	188	183	181
CT General	1,674	1,521	1,312	3,955	3,810	4,072	7	7	7	183	179	180
HPHC	476	377	215	5,036	3,968	1,281	5	5	4	224	175	263
Oxford Health	774	776	955	2,557	2,396	2,275	6	6	6	185	177	179
United	774	776	955	2,557	2,396	2,275	6	6	6	185	177	179

Participating Providers by County

Indemnity

	NEW LONDON COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Life	263	251	238	655	627	609	2	2	2	52	52	51
Anthem	295	284	287	424	411	453	2	2	2	52	54	52
Cigna H & L	277	269	239	745	674	777	2	2	2	59	58	58
ConnectiCare Benefits	310	303	288	601	584	565	2	2	2	56	54	52
ConnectiCare	311	307	290	634	606	579	2	2	2	56	54	52
CT General	277	269	239	745	674	777	2	2	2	59	58	58
HPHC	123	112	27	1,078	683	97	2	2	1	64	49	78
Oxford Health	211	195	242	502	447	403	2	2	2	53	53	56
United	211	195	242	502	447	403	2	2	2	53	53	56

	TOLLAND COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Life	155	146	145	338	340	292	2	2	2	24	24	25
Anthem	90	89	96	57	70	89	2	1	2	24	25	23
Cigna H & L	259	212	175	397	308	354	2	2	2	23	23	24
ConnectiCare Benefits	97	96	98	79	85	86	2	2	2	24	25	24
ConnectiCare	100	98	103	81	87	99	2	2	2	24	25	24
CT General	259	212	175	397	308	354	2	2	2	23	23	24
HPHC	67	45	34	597	237	39	2	2	2	39	22	45
Oxford Health	92	100	124	263	189	155	2	2	2	25	25	25
United	92	100	124	263	189	155	2	2	2	25	25	25

Participating Providers by County

Indemnity

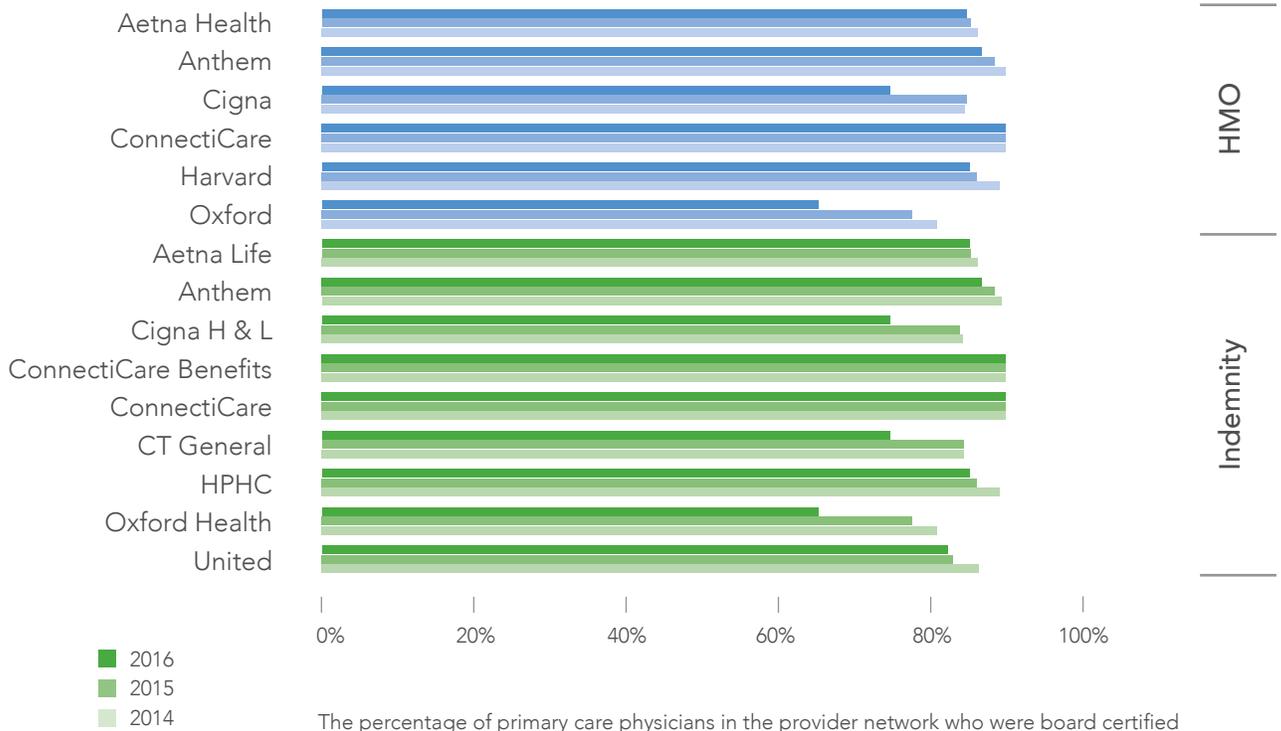
	WINDHAM COUNTY											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Life	139	134	136	259	250	229	2	2	2	22	22	23
Anthem	116	116	122	111	124	135	2	2	2	22	22	23
Cigna H & L	166	156	142	308	297	296	2	2	2	22	22	23
ConnectiCare Benefits	122	122	120	163	145	153	2	2	2	22	22	23
ConnectiCare	128	127	125	170	152	125	2	2	2	22	22	23
CT General	166	156	142	308	297	296	2	2	2	22	22	23
HPHC	75	55	39	454	160	35	2	2	2	34	24	47
Oxford Health	106	103	123	178	171	169	2	2	2	21	22	22
United	106	103	123	178	171	169	2	2	2	21	22	22

	TOTAL, ALL COUNTIES											
	Primary Care Physicians			Physician Specialists			Hospitals			Pharmacies		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Aetna Life	4,498	4,296	4,150	10,046	9,915	9,508	30	30	30	708	701	706
Anthem	4,338	4,128	4,204	7,374	7,355	8,068	28	27	30	709	706	694
Cigna H & L	6,052	5,605	4,664	13,743	13,080	13,232	30	30	30	712	708	712
ConnectiCare Benefits	5,359	5,094	4,840	10,373	10,005	9,430	30	30	30	711	706	699
ConnectiCare	5,538	5,278	5,073	10,736	10,351	9,867	30	30	30	711	706	699
CT General	6,052	5,605	4,664	13,743	13,080	13,232	30	30	30	712	708	712
HPHC	2,090	1,879	1,050	16,479	12,545	3,524	29	29	24	907	687	1,078
Oxford Health	2,934	2,930	3,659	8,330	7,723	7,275	28	28	28	698	691	697
United	2,934	2,930	3,659	8,330	7,723	7,275	28	28	28	698	691	697

Care Measures

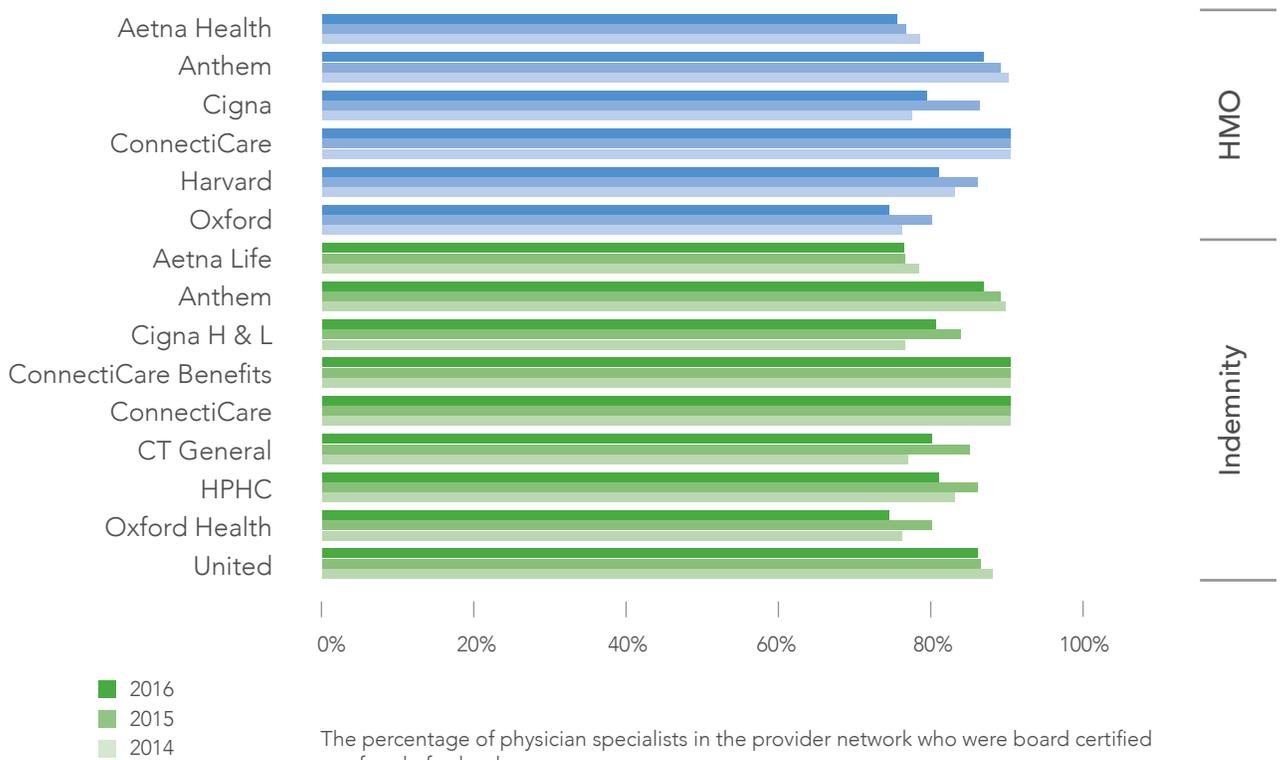
2016 DATA

Percentage of Primary Care Physicians Who Are Board Certified



The percentage of primary care physicians in the provider network who were board certified as of end of calendar year.

Percentage of Physician Specialists Who Are Board Certified

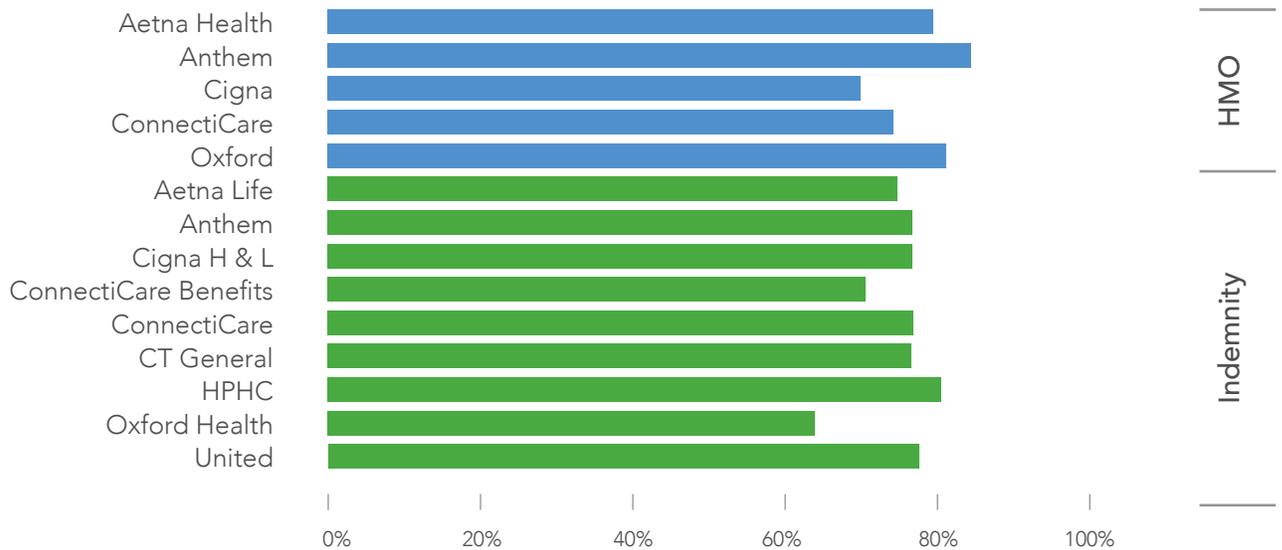


The percentage of physician specialists in the provider network who were board certified as of end of calendar year.

Care Measures

2016 DATA

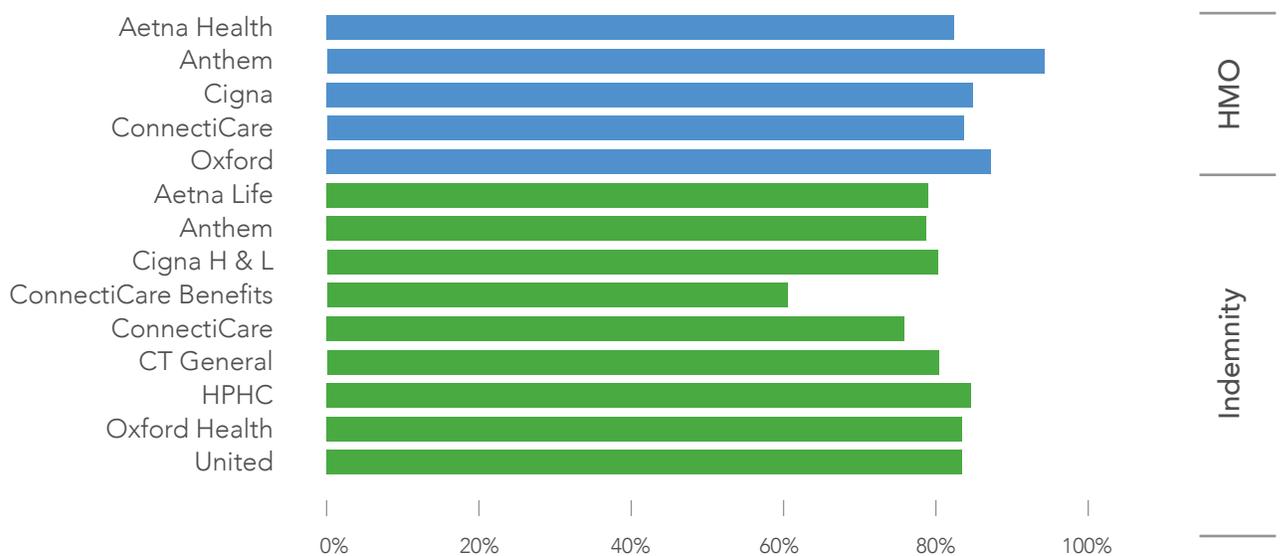
Breast Cancer Screening



The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2016; and (b) were continuously enrolled from October 1, 2014 through December 31, 2016; and (c) had 1 or more mammogram between October 1, 2014 and December 31, 2016.

Note: Harvard (HMO) was excluded from chart as proportion served was 0%.

Cervical Cancer Screening



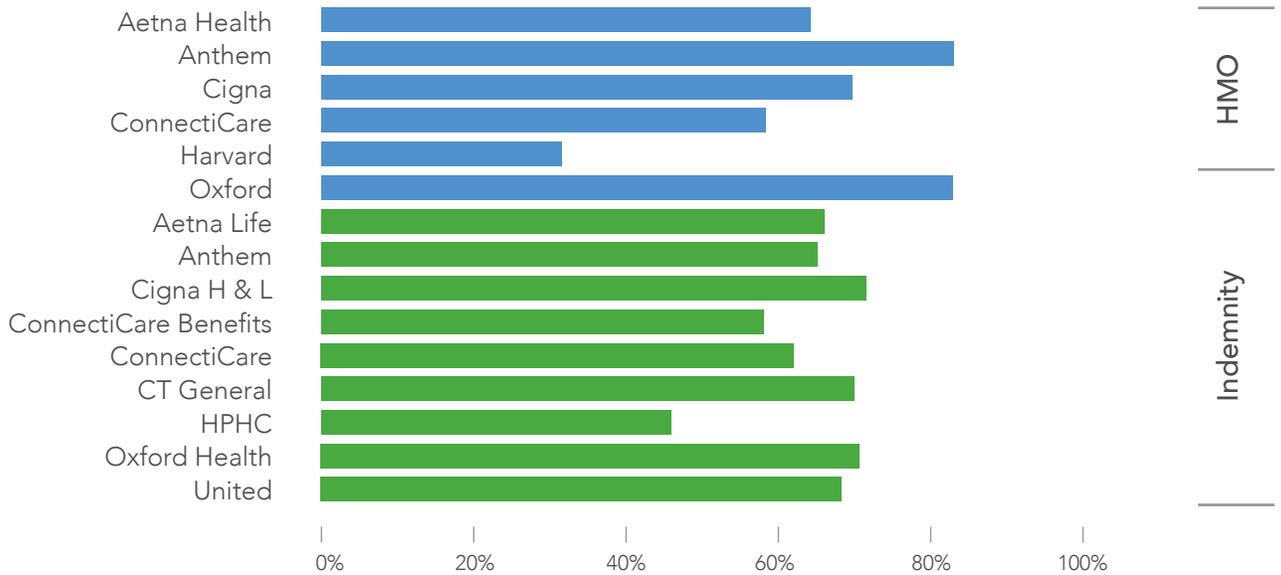
The percentage of enrolled women who: (a) were age 24 through 64 years as of December 31, 2016; and (b) were continuously enrolled during 2014, 2015, or 2016; and who were either: (c) a woman age 21-64, who had cervical cytology performed every three years; or (d) women that did not meet the criteria in (c) that are age 30-64, who had cervical cytology/human papillomavirus (HPV) co-testing performed in the 2016 or the 4 years prior.

Note: Harvard (HMO) was excluded from chart as proportion served was 0%.

Care Measures

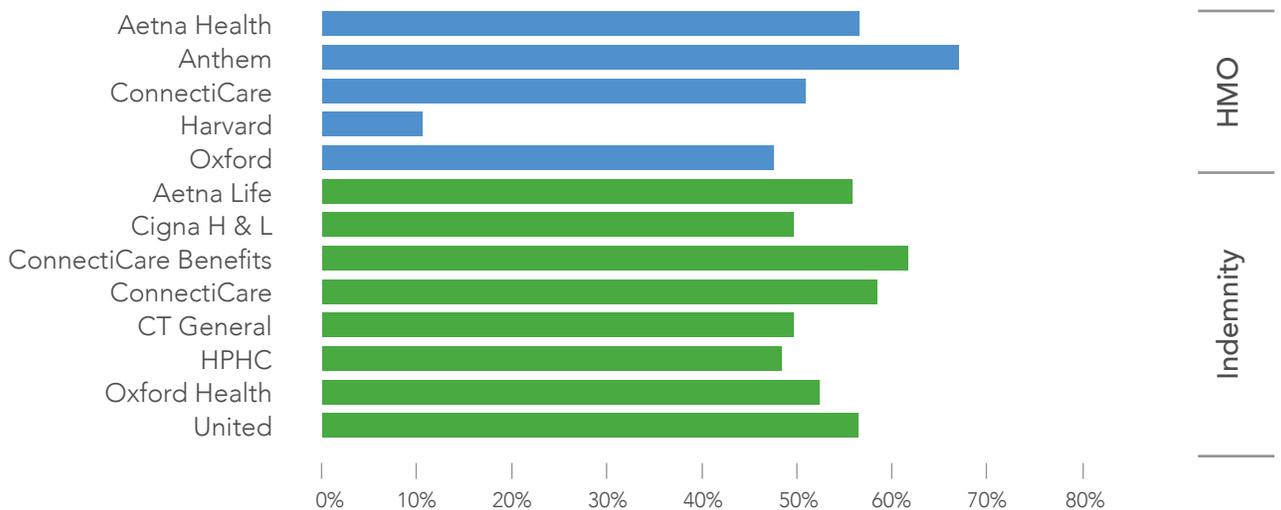
2016 DATA

Colorectal Cancer Screening



The percentage of members ages 51 through 75 years as of December 31, 2016, who were continuously enrolled during 2015 and 2016 and had one or more of the following screenings: (a) fecal occult blood test (FOBT) during 2016; (b) flexible sigmoidoscopy during 2016 or the 4 years prior to 2016; or (c) colonoscopy during 2016 or the 9 years prior to 2016.

Controlling High Blood Pressure



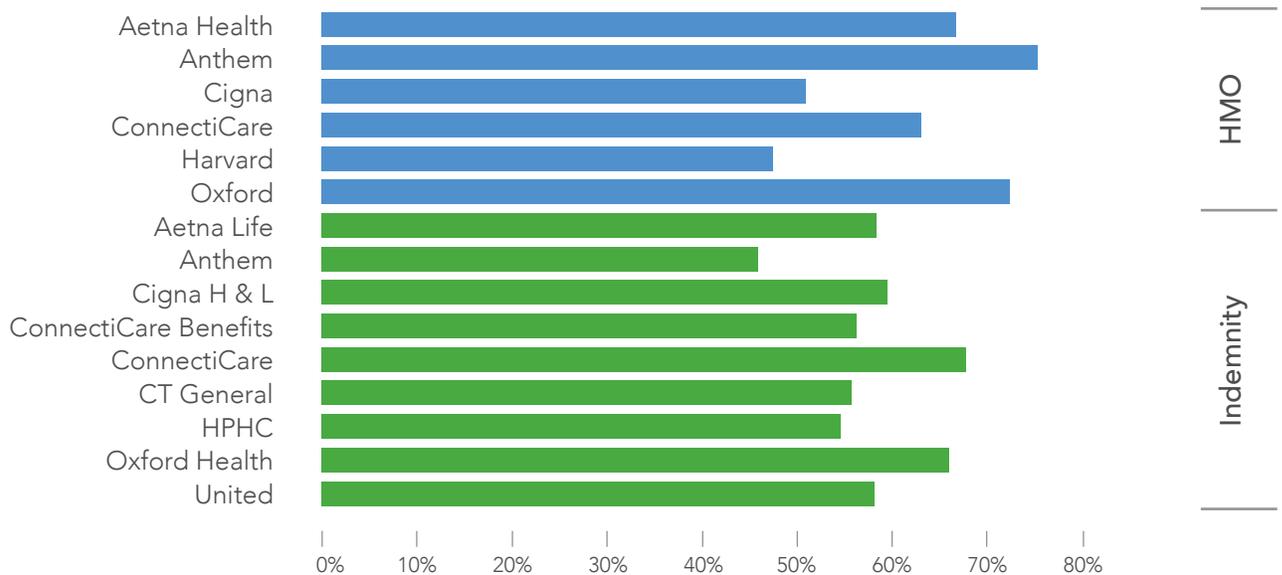
The percentage of members age 18 through 85 years as of December 31, 2016, who were continuously enrolled during 2016, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled during 2016, based on any of the following criteria: (a) members 18-59 years of age whose BP was <140/90 mm Hg; (b) members 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg; or (c) members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Note: A single rate is reported & is the sum of all 3 groups. Cigna (HMO) and Anthem (Indemnity) were excluded from chart as proportion served was 0%.

Care Measures

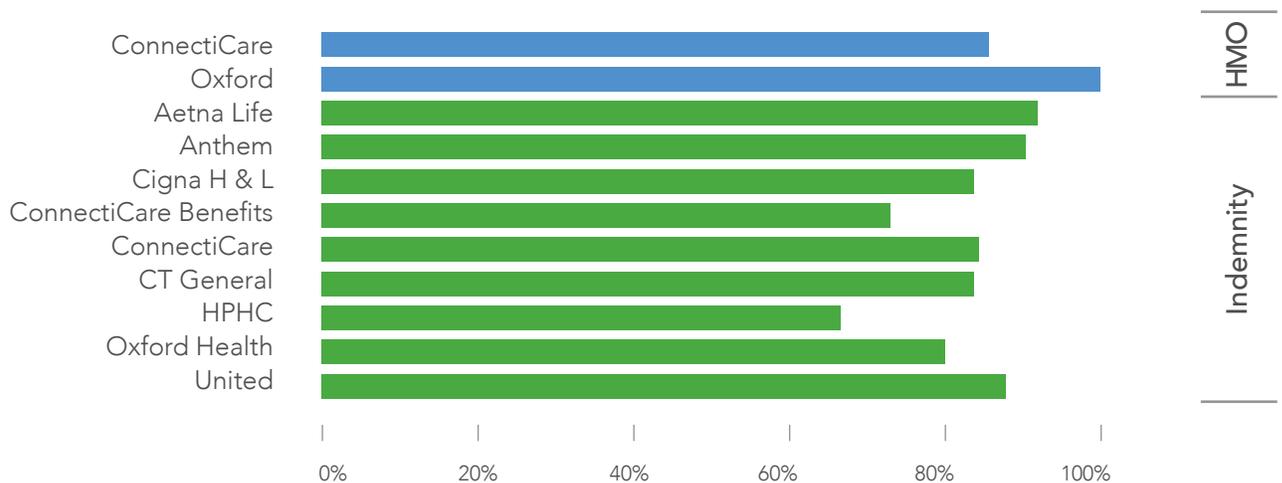
2016 DATA

Eye Exams for People with Diabetes



The percentage of all member with diabetes (Types II and I) who: (a) were enrolled on December 31, 2016; and (b) were 18 through 75 years of age during 2016; and (c) were continuously enrolled during 2016; and (d) had either a retinal or dilated eye examination in 2016 or a negative retinal or dilated eye examination in 2015.

Beta Blocker Treatment After a Heart Attack



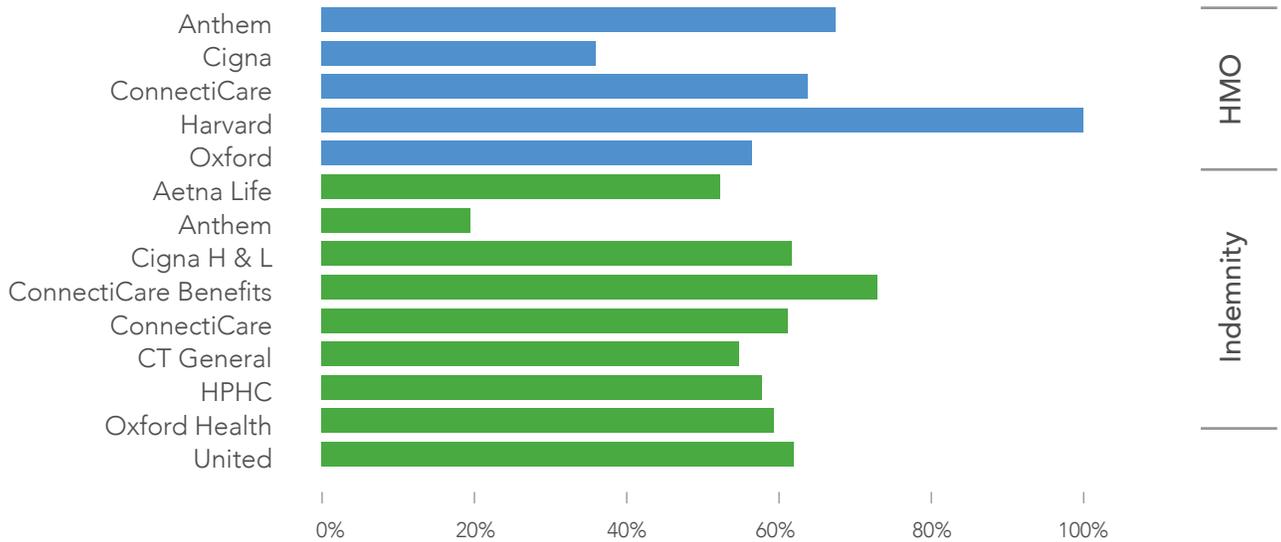
The percentage of all members who: (a) were age 18 years and older as of December 31, 2016; and (b) were hospitalized and discharged between July 1, 2015, and June 30, 2016; and (c) were continuously enrolled from the discharge date through 179 days after discharge; and (d) had a diagnosis of Acute Myocardial Infarction (AMI); and (e) received persistent beta blocker treatment for 6 months after discharge.

Note: Aetna Health (HMO), Anthem (HMO), Cigna (HMO) and Harvard (HMO) were excluded from chart as proportion served was 0%.

Care Measures

2016 DATA

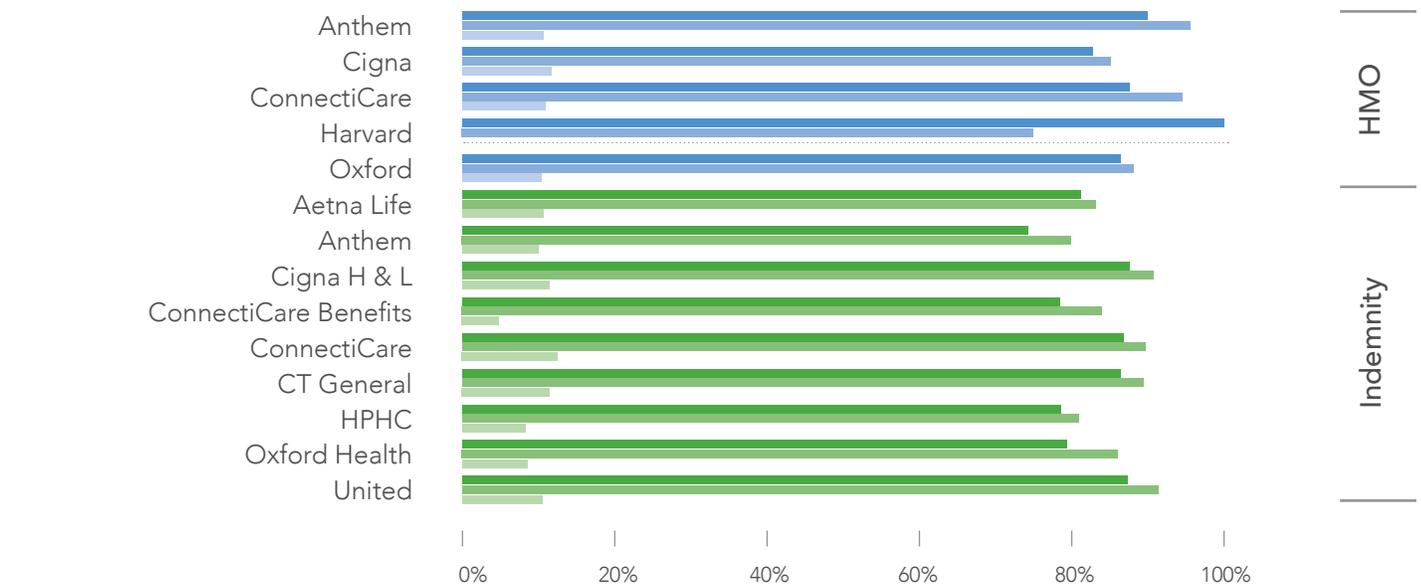
Childhood Immunizations



The percentage of enrolled children who: (a) turned two years old during 2016; and (b) were continuously enrolled for the 12 months preceding their second birthday; and (c) have received the recommended immunizations on or before the child's second birthday including polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, rotavirus and hepatitis A.

Note: Aetna Health (HMO) was excluded from chart as proportion served was 0%.

Immunizations for Adolescents



■ A
■ B
■ C
■ A
■ B
■ C
⋯ Did not report

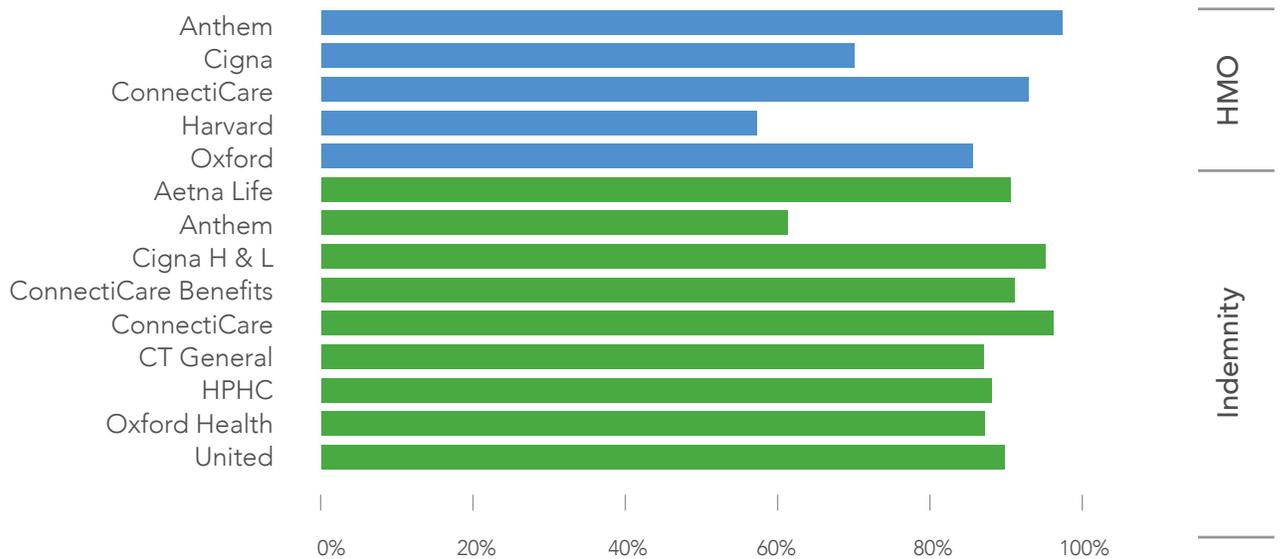
The percentage of members who: (a) turned 13 years of age during 2016; and (b) were continuously enrolled for the 12 months prior to their 13th birthday; and (c) had the following vaccinations by their 13th birthday: (A) at least one meningococcal conjugate vaccine with date of service (DOS) on or between their 11th and 13th birthdays; (B) at least one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) with DOS on or between their 10th and 13th birthdays; or (C) at least 3 human papillomavirus (HPV) vaccines with different DOS on or between their 9th and 13th birthdays.

Note: Aetna Health (HMO) was excluded from chart as proportion served was 0%.

Care Measures

2016 DATA

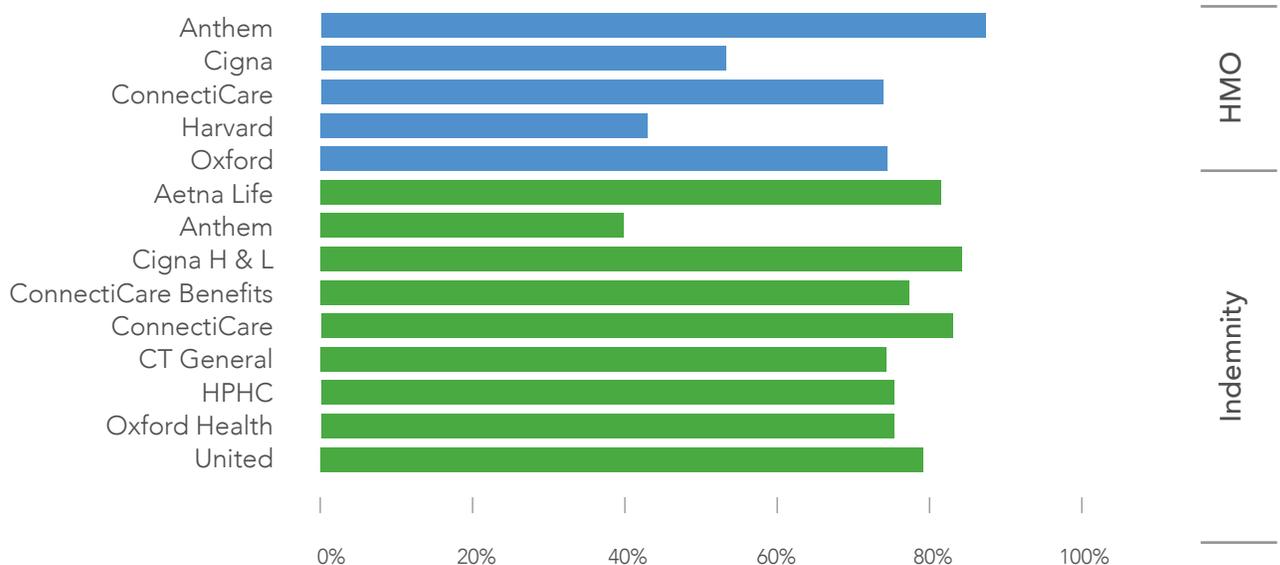
Prenatal Care in the First Trimester



The percentage of enrolled women who: (a) delivered a live birth between November 6, 2015, and November 5, 2016; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and (c) had at least one prenatal care visit in the first trimester or within 42 days of enrollment in the MCO.

Note: Aetna Health (HMO) was excluded from chart as proportion served was 0%.

Postpartum Care Following Delivery



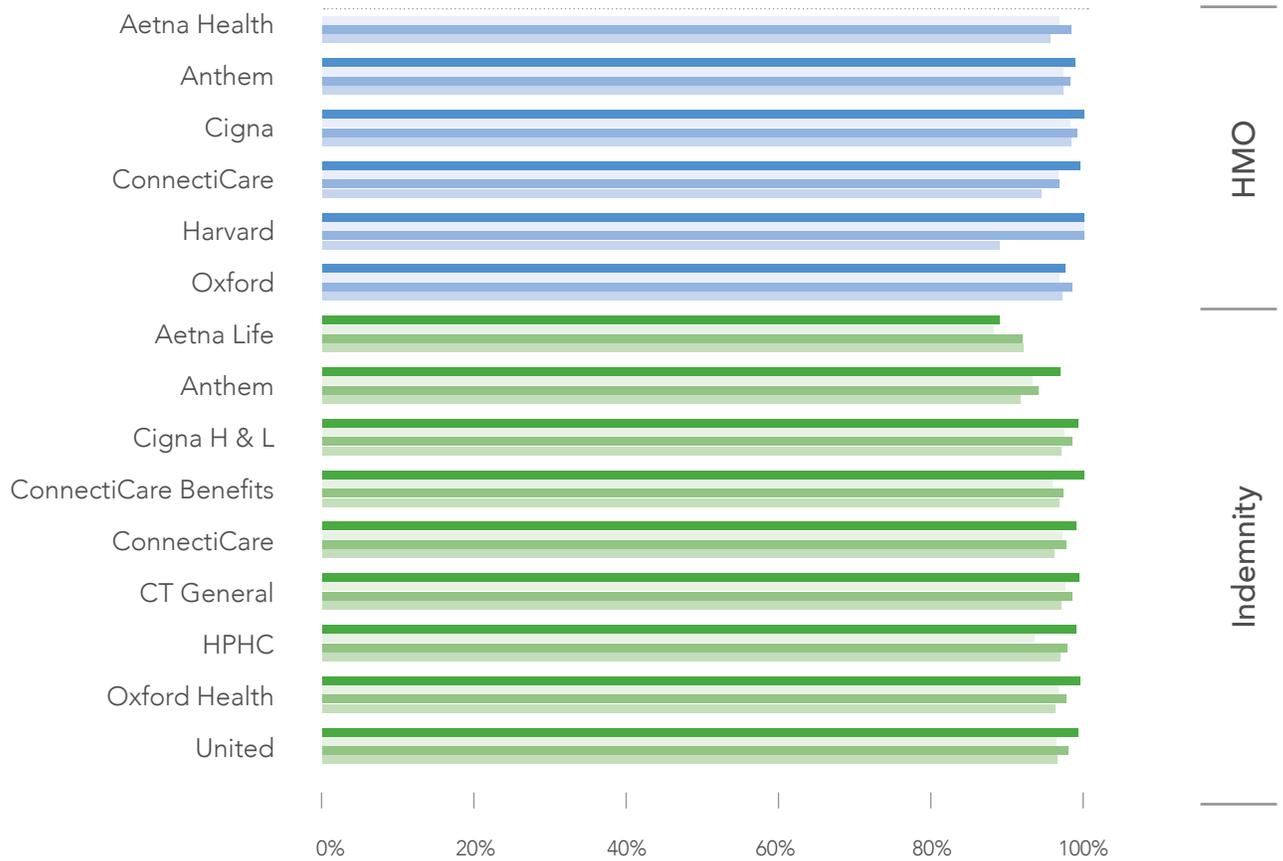
The percentage of enrolled women who: (a) delivered a live birth between November 6, 2015, and November 5, 2016; and (b) were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and (c) had a postpartum visit on or between 21 and 56 days after delivery.

Note: Aetna Health (HMO) was excluded from chart as proportion served was 0%.

Care Measures

2016 DATA

Child and Adolescent Access to Primary Care Physicians



■ A
■ B
■ C
■ D
⋯ Did not report

■ A
■ B
■ C
■ D

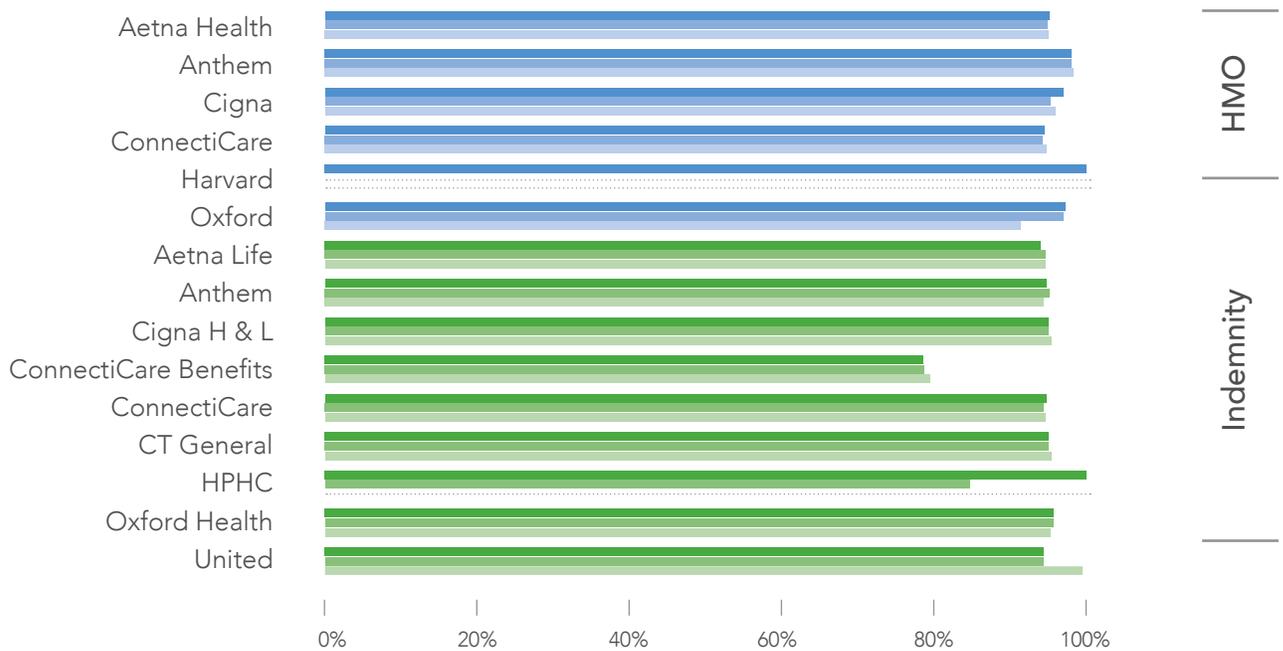
The percentage of members 12 months - 19 years of age who had a visit with a Primary Care Physician (PCP) based on the following age criteria:

- (A) 12 - 24 months of age as of December 31, 2016, who were continuously enrolled in the plan during 2016 and had a PCP visit during 2016;
- (B) 25 months - 6 years of age as of December 31, 2016, who were continuously enrolled in the plan during 2016 and had a PCP visit during 2016;
- (C) 7 - 11 years of age as of December 31, 2016, who were continuously enrolled in 2015 and 2016 and had a PCP visit during 2015 or 2016;
- (D) 12 - 19 years of age as of December 31, 2016, who were continuously enrolled in 2015 and 2016 and had a PCP visit during 2015 or 2016.

Care Measures

2016 DATA

Adult Access to Preventive and Ambulatory Care, Ages 20-44



■ 2016 ■ 2016
■ 2015 ■ 2015
■ 2014 ■ 2014
⋯ No data (see note) ⋯ No data (see note)

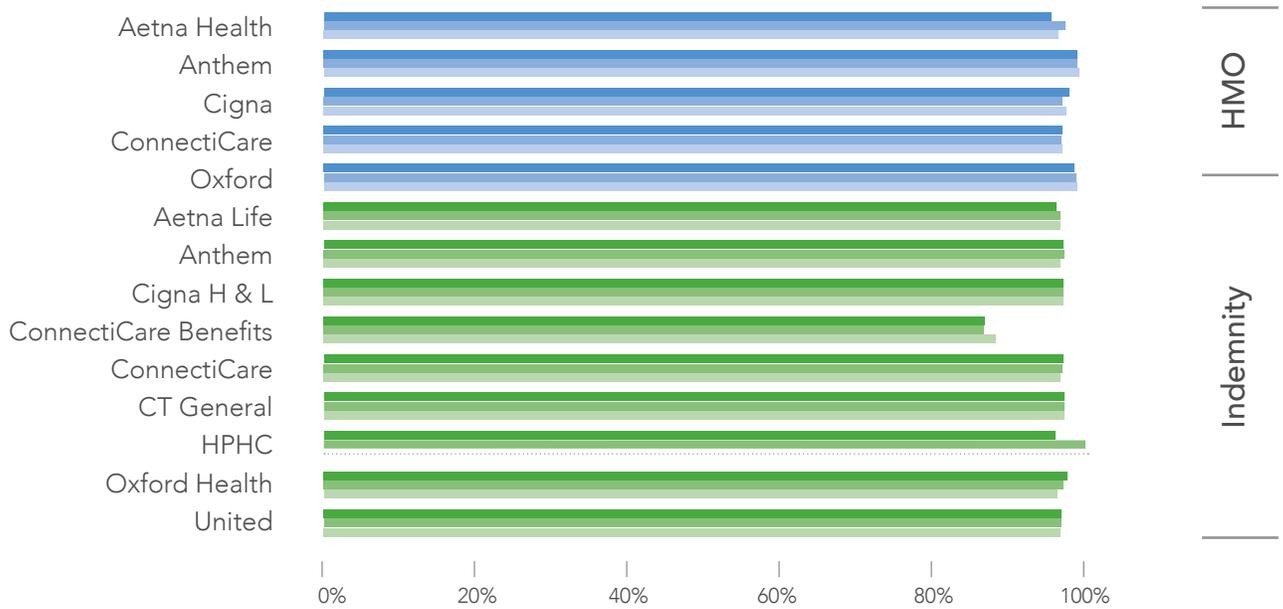
The percentage of enrollees ages 20-44 as of the end of the calendar year who: (a) were continuously enrolled in the plan during that year and two years prior; and (b) had at least one ambulatory or preventive care visit in that year or two years prior.

Note: Harvard (HMO) was excluded from chart for 2014 and 2015 as they did not meet continuous enrollment criteria for that year. HPHC (Indemnity) was excluded from chart for 2014 as they did not meet continuous enrollment criteria for that year.

Care Measures

2016 DATA

Adult Access to Preventive and Ambulatory Care, Ages 45-64



■ 2016
■ 2015
■ 2014
■ 2016
■ 2015
■ 2014
..... No data
 (see note)

The percentage of enrollees ages 45-64 as of the end of the calendar year who: (a) were continuously enrolled in the plan during that year and two years prior; and (b) had at least one ambulatory or preventive care visit in that year or two years prior.

Note: Harvard (HMO) was excluded from chart because they reported the proportion served in 2016 was 0% and they did not meet continuous enrollment criteria in 2014 and 2015. HPHC (Indemnity) was excluded from chart for 2014 as they did not meet continuous enrollment criteria for that year.

Help and Additional Information

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

Agency	Type of Inquiry	Telephone	Website
Connecticut Insurance Department Consumer Affairs	Insurance policies, companies, producers and external appeals	(800) 203-3447 (860) 297-3900	www.ct.gov/cid
Office of the Healthcare Advocate	Managed care problems or questions	(866) 466-4446	www.ct.gov/oha
CT Department of Public Health	Providers and medical facilities	(800) 842-0038	www.ct.gov/dph
U.S. Department of Labor	Employer self-funded or self-insured health plans	(617) 565-9600	www.dol.gov
National Committee for Quality Assurance (NCQA)	Care measures	(800) 839-6487 (888) 275-7585	www.ncqa.org
CT Health Channel	A single online source for CT public and private health insurance information	(877) 263-1997	www.cthealthchannel.org
CT Department of Social Services	HUSKY Healthcare	(877) 284-8759	www.ct.gov/dss
U.S. Department of Health & Human Services	Information on healthcare reform and insurance options		www.healthcare.gov
Access Health CT (CT Insurance Exchange)	Online source for health insurance	(855) 805-4325	www.accesshealthct.com

Companies Not Included in this Report

Listed here are additional licensed companies that reported the same information but were not included in this guide, as they will not be offering plans in 2018. These companies are not currently issuing new business. The information found in this guide is available directly from the companies or at the offices of CID.

Name Address

Golden Rule Insurance Company 7440 Woodland Drive
Indianapolis, IN 46278-1719

United Healthcare Life Insurance Company 7440 Woodland Drive
Indianapolis, IN 46278-1719

Worksheet

Use the worksheet to compare options.

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

		Option 1	Option 2	Option 3	Option 4
Company or Plan Name					
SERVICE PROVIDERS	Includes my current physician(s)				
	Includes the hospital I prefer				
	Referral needed to see a specialist				
	Out of network coverage included				
COVERAGE INCLUDED	Family planning				
	Prescription drug				
	Hospice care				
	Physical therapy				
	Medical equipment				
	Routine eye exam				
	Routine hearing exam				
	Mental health benefits				
	My other health needs				
COSTS	Premium or employee contribution				
	Deductible amount				
	Coinsurance				
	Lifetime maximum benefit that plan pays				
COPAYMENT AMOUNTS	Physician office visit				
	Specialist office visit				
	Emergency room				
	Urgent care facility				
	Hospital inpatient				
	Outpatient surgical facility				
	Prescription drugs				



800-203-3447

PO Box 816
Hartford, CT 06142-0816

www.ct.gov/cid