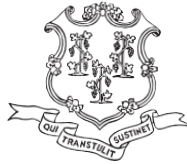




Consumer Report Card
On Health Insurance Carriers
In Connecticut
October 2022



Dear Health Insurance Customer:

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

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

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

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

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

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

Sincerely,

Andrew N. Mais
Commissioner

Table of Contents

Frequently Asked Questions	3
Terms Consumers Should Know	4
Managed Care Plan Comparison Worksheet	6
MCOs included in the Report Card	7
2021 Enrollment	8
Member Satisfaction Survey Results	
Overall Satisfaction for all Carriers	10
HMOs	11
Indemnity Carriers	12
Participating Providers by County	
HMOs	13
Indemnity Carriers	16
Medical Measures / Members Usage	
HMOs	19
Indemnity Carriers	24
Utilization Review Data (all benefits)	
HMOs	29
Indemnity Carriers	34
Behavioral Health Utilization Review Data	
HMOs	42
Indemnity Carriers	44
Mental Health Measures / Members Usage	
HMOs	49
Indemnity Carriers	52
Claim Reporting	
HMOs	55
Indemnity Carriers	57
Medical Loss Ratio by Carrier	59
Other Companies Not Included in this Report	60
Where to Find Help or Additional Information	61

Frequently Asked Questions

The information in this Report Card is based on data provided by the MCOs as of year-end 2021. This Report Card does not contain information on specific plans offered by the MCOs. Each MCO offers several different plans, and often tailors them to a specific policyholder's needs. You will need to get additional information from the MCO or your employer to make your choice. In addition to this Report Card, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

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

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

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

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

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

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

Q. Does this Report Card evaluate all benefit options?

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

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

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

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

A. No.

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

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

Q. How are health insurance premiums set?

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

Terms Consumers Should Know

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

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

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

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

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

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

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

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

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

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

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

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

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

Gatekeeper plan - A plan that requires an enrollee's primary care physician to make a referral to a specialist 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

Terms Consumers Should Know (continued)

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

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

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

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

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

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

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

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

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

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

The National Committee for Quality Assurance is a not-for-profit organization that reviews quality and performance measures of HMOs and health plans, providing an independent standard of accountability. The new rating system includes the following levels: Accredited, Provisional or Interim.

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.

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

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

Managed Care Plan Comparison Worksheet

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

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

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

Managed Care Organizations Included in this Report

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

HMO					
Abbreviated Name	Company Name	Website	Phone	Markets to Individuals	NCQA Accreditation
Aetna Health	Aetna Health Inc.	www.aetna.com	800-445-5299	No	Accredited
Anthem	Anthem Health Plans, Inc.	www.anthem.com	multiple numbers based on the market	Yes	Accredited
ConnectiCare	ConnectiCare, Inc.	www.connecticare.com	Toll-Free: 800.221.7722 or local: 860.674.5757	Yes	Accredited
Harvard *	Harvard Pilgrim Health Care	www.harvardpilgrim.org	(888) 333-4742	No	Not Applicable
Oxford	Oxford Health Plans (CT), Inc.	www.oxhp.com	800-666-1353	No	Accredited
Indemnity					
Abbreviated Name	Company Name	Website	Phone	Markets to Individuals	NCQA Accreditation
Aetna Life	Aetna Life Insurance Company	www.aetna.com	800-962-6842	No	Accredited
Anthem	Anthem Health Plans, Inc.	www.anthem.com	multiple numbers based on the market	Yes	Accredited
Cigna H & L	Cigna Health and Life Insurance Company	www.cigna.com	1-800-244-6224	No	Accredited
ConnectiCare Benefits	ConnectiCare Benefits, Inc.	www.connecticare.com	Toll-Free: 800.221.7722 or local: 860.674.5757	Yes	Accredited
ConnectiCare	ConnectiCare Insurance Company, Inc.	www.connecticare.com	Toll-Free: 800.221.7722 or local: 860.674.5757	Yes	Accredited
HPHC *	HPHC Insurance Company, Inc.	www.harvardpilgrim.org	(888) 333-4742	No	Accredited
Oxford Health	Oxford Health Insurance, Inc.	www.oxhp.com	800-666-1353	No	Accredited
United	UnitedHealthcare Insurance Company	www.uhc.com	800-666-1353	No	Accredited

*We have included Harvard Pilgrim and HPHC Insurance data, however effective 2023 they have exited the Connecticut market.

Managed Care Organizations - 2021 Enrollment

	Fully Insured			Other Enrollment			Total Enrollment		
	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans
HMO									
Aetna Health	0	1	60	0	0	141	0	1	201
Anthem	11,732	337	1,249	0	115	229,675	11,732	452	230,924
ConnectiCare	2,675	347	13,290	0	0	0	2,675	347	13,290
Harvard	0	2,947	1,801	0	0	0	0	2,947	1,801
Oxford	0	2,455	3,052	0	0	0	0	2,455	3,052
Totals	14,407	6,087	19,452	0	115	229,816	14,407	6,202	249,268

	Fully Insured			Other Enrollment			Total Enrollment		
	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans
INDEMNITY									
Aetna Life	0	1,592	53,395	0	14,193	232,833	0	15,785	286,228
Anthem	19,699	24,737	47,834	0	0	742,195***	19,699	24,737	790,029***
Cigna H & L	0	6,161	48,389	0	1,700	275,907	0	7,861	324,296
ConnectiCare Benefits	72,761	5,400	0	0	0	0	72,761	5,400	0
ConnectiCare	2,604	17,177	28,573	0	7,868	3,029	2,604	25,045	31,602
HPHC	0	3,344	7,224	0	0	0	0	3,344	7,224
Oxford Health	0	41,046	10,274	0	0	0	0	41,046	10,274
United	0	2,108	51,983	0	0	0	0	2,108	51,983
Totals	95,064	101,565	247,672	0	23,761	1,253,964	95,064	125,326	1,501,636

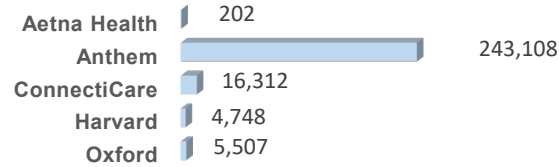
*Fully Insured plans do not include government sponsored plans.

**Other Enrollment represents self-insured plans.

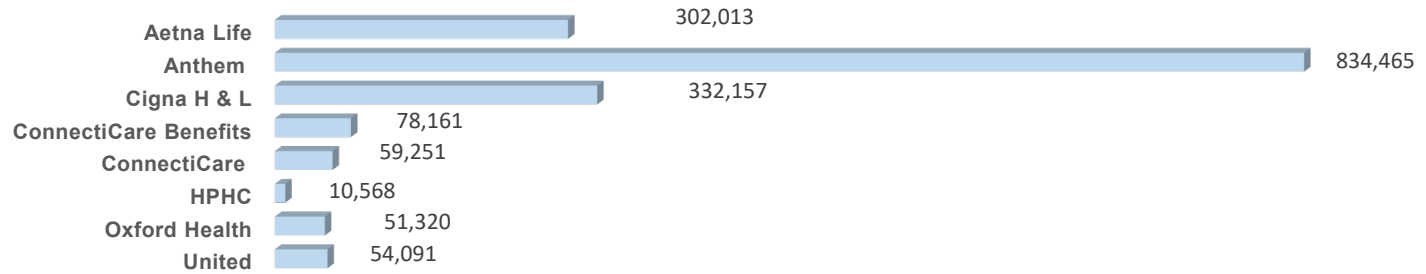
***Corrects Anthem Indemnity enrollment in Large Group Plans under Other Enrollment and revises the enrollment information and graphs on page 9

Managed Care Organizations - 2021 Enrollment

HMO

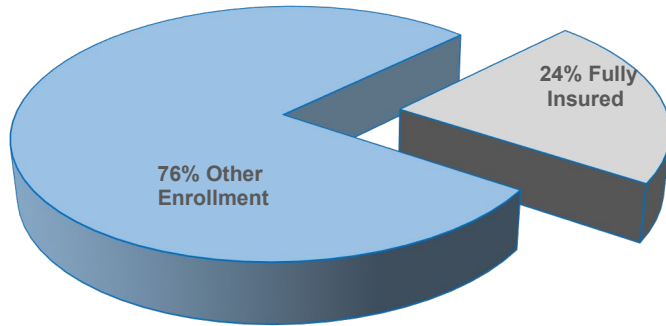


Indemnity

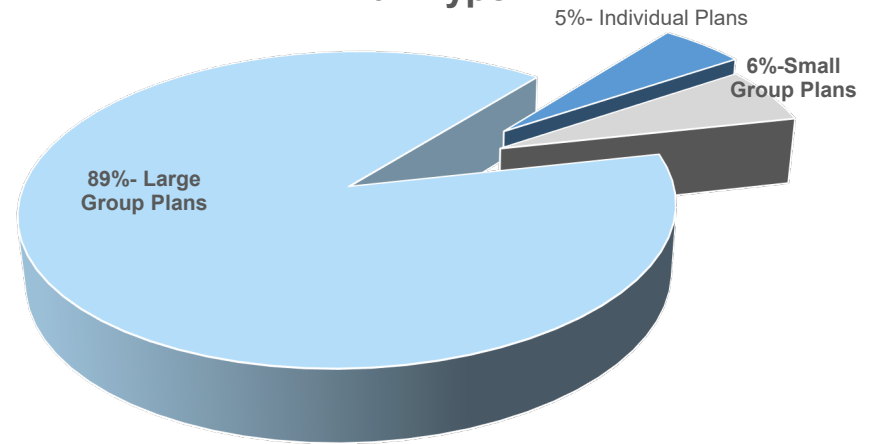


**Total Enrollment
1,991,903**

**Enrollment
Fully Insured vs. Other Enrollment**



Plan Type



Member Satisfaction

HMO	0 - 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna Health	0.0%	40.0%	60.0%
Anthem	3.3%	27.7%	69.0%
ConnectiCare	6.2%	28.1%	65.7%
Harvard	11.1%	31.1%	57.8%
Oxford	15.2%	38.4%	46.4%

Indemnity	0 - 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna Life	3.1%	30.6%	66.3%
Anthem	1.9%	23.3%	74.8%
Cigna H & L	3.7%	30.3%	66.0%
ConnectiCare Benefits	10.5%	44.3%	45.2%
ConnectiCare	7.5%	36.2%	56.3%
HPHC	11.0%	32.6%	56.4%
Oxford Health	6.8%	41.3%	51.9%
United	4.5%	38.2%	57.3%

Member Satisfaction Survey – HMO

		Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.		128%	18%	2%	11%	28%
Percentage of those surveyed who responded		8%	18%	10%	9%	7%
Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	0.0%	3.0%	3.3%	3.5%	4.6%
	Sometimes	0.0%	14.6%	10.0%	13.8%	12.3%
	Usually	50.0%	35.2%	36.7%	34.5%	33.8%
	Always	50.0%	47.2%	50.0%	48.3%	49.2%
Q2) In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Never	0.0%	2.4%	0.0%	0.0%	3.9%
	Sometimes	0.0%	15.6%	15.4%	12.9%	14.5%
	Usually	25.0%	31.6%	50.0%	38.7%	32.9%
	Always	75.0%	50.4%	34.6%	48.4%	48.7%
Q3) In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Never	0.0%	2.4%	0.0%	0.0%	9.1%
	Sometimes	0.0%	10.7%	7.7%	18.2%	12.1%
	Usually	0.0%	27.5%	30.8%	27.3%	27.3%
	Always	100.0%	59.4%	61.5%	54.6%	51.5%
Q4) In the last 12 months, how often was it easy to get care, tests or treatment, you needed?	Never	0.0%	0.9%	0.0%	2.8%	3.6%
	Sometimes	0.0%	11.4%	7.4%	13.9%	13.1%
	Usually	25.0%	39.3%	37.0%	41.7%	39.3%
	Always	75.0%	48.4%	55.6%	41.7%	44.0%
Q5) In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	50.0%	3.8%	0.0%	6.3%	0.0%
	Sometimes	0.0%	20.5%	16.7%	12.5%	35.3%
	Usually	50.0%	31.1%	50.0%	25.0%	23.5%
	Always	0.0%	44.6%	33.3%	56.3%	41.2%

Member Satisfaction Survey – Indemnity

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.	2%	17%	3%	2%	2%	19%	3%	3%
Percentage of those surveyed who responded	13%	22%	14%	16%	11%	9%	8%	10%

Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	3.7%	3.1%	1.4%	8.1%	1.6%	4.7%	0.0%	4.1%
	Sometimes	13.0%	15.0%	16.7%	19.3%	16.4%	14.8%	17.4%	17.3%
	Usually	33.3%	35.5%	35.5%	28.1%	37.7%	30.5%	30.4%	33.7%
	Always	50.0%	46.4%	46.4%	44.5%	44.3%	50.0%	52.2%	44.9%

Q2) In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Never	4.6%	1.9%	2.5%	3.4%	0.0%	3.6%	2.7%	4.2%
	Sometimes	13.8%	15.2%	19.6%	19.0%	24.3%	10.0%	21.3%	12.5%
	Usually	36.2%	34.3%	33.1%	31.3%	22.8%	29.3%	28.0%	30.0%
	Always	45.4%	48.6%	44.8%	46.3%	52.9%	57.1%	48.0%	53.3%

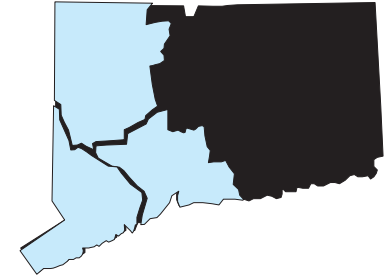
Q3) In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Never	3.6%	2.6%	1.2%	7.3%	2.9%	0	0.0%	6.0%
	Sometimes	7.3%	11.2%	15.5%	18.2%	11.8%	16.2%	19.0%	13.0%
	Usually	32.7%	25.7%	28.6%	24.5%	17.6%	25.7%	14.3%	21.0%
	Always	56.4%	60.5%	54.7%	50.0%	67.7%	58.1%	66.7%	60.0%

Q4) In the last 12 months, how often was it easy to get care, tests or treatment, you needed?	Never	1.6%	1.1%	1.9%	2.4%	2.9%	1.3%	0.0%	1.5%
	Sometimes	13.2%	10.4%	10.6%	17.9%	15.7%	12.6%	12.5%	13.5%
	Usually	43.3%	38.3%	43.1%	36.9%	35.7%	42.1%	37.5%	34.6%
	Always	41.9%	50.2%	44.4%	42.8%	45.7%	44.0%	50.0%	50.4%

Q5) In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	0.0%	1.9%	3.9%	9.0%	7.4%	0	13.3%	3.9%
	Sometimes	23.8%	12.8%	16.9%	29.7%	25.9%	16.7%	13.3%	19.6%
	Usually	31.0%	31.5%	29.9%	21.3%	18.5%	40.9%	43.3%	31.4%
	Always	45.2%	53.8%	49.3%	40.0%	48.2%	42.4%	30.0%	45.1%

Health Maintenance Organization

Number of Providers Located in Each Connecticut County



HMO	Fairfield County				New Haven County				Litchfield County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Health	1,266	3,002	6	156	1,532	3,683	5	180	237	725	3	38
Anthem	1,020	2,118	6	133	1,059	2,665	6	156	114	151	2	29
ConnectiCare	1,239	2,820	6	161	1,354	2,575	6	187	224	875	2	41
Harvard	683	3,213	6	164	761	5,961	6	190	90	374	2	41
Oxford	1,304	2,645	6	166	1,360	3,489	5	190	244	659	3	41

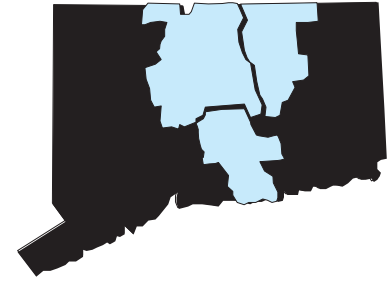
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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

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

Health Maintenance Organization

Number of Providers Located in Each Connecticut County



HMO	Hartford County				Tolland County				Middlesex County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Health	1,287	2,925	7	176	156	510	2	23	237	554	1	37
Anthem	1,134	2,349	6	148	103	67	3	19	190	186	1	28
ConnectiCare	1,419	4,394	7	179	170	606	2	24	233	546	1	38
Harvard	1,049	7,988	7	185	48	265	2	23	98	411	1	42
Oxford	1,267	2,694	7	182	156	348	2	23	230	495	1	40

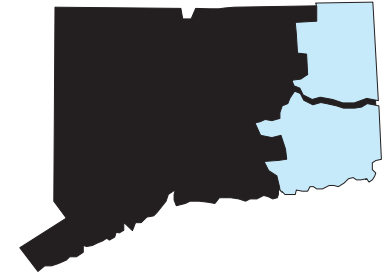
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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

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

Health Maintenance Organization

Number of Providers Located in Each Connecticut County



HMO	New London County				Windham County				Totals for All Counties			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Health	306	850	2	47	151	399	2	23	5,172	12,648	28	680
Anthem	250	403	2	37	102	117	2	18	3,972	8,056	28	568
ConnectiCare	315	897	2	51	141	512	2	23	5,095	13,225	28	704
Harvard	173	988	2	56	85	298	2	23	2,987	19,498	28	724
Oxford	310	859	2	50	164	409	2	23	5,035	11,598	28	715

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

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

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

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County



Indemnity Managed Care Organization	Fairfield County				New Haven County				Litchfield County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Life	1,266	3,002	6	156	1,532	3,683	5	180	237	725	3	38
Anthem	1,030	2,132	6	133	1,064	2,675	6	156	115	151	2	29
Cigna H & L	1,539	6,191	6	163	1,642	7,193	6	186	315	1,044	2	41
ConnectiCare Benefits	1,236	2,766	6	161	1,351	2,558	6	187	223	871	2	41
ConnectiCare	1,239	2,820	6	161	1,354	2,575	6	187	224	875	2	41
HPHC	683	3,213	6	164	761	5,961	6	190	90	374	2	41
Oxford Health	1,304	2,645	6	166	1,360	3,489	5	190	244	659	3	41
United	1,304	2,645	6	166	1,360	3,489	5	190	244	659	3	41

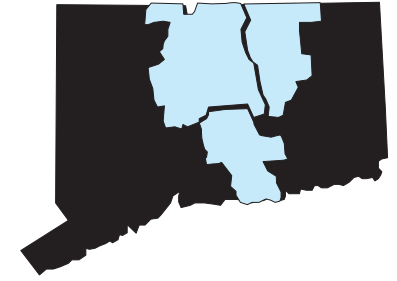
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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

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

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County



Indemnity Managed Care Organization	Hartford County				Tolland County				Middlesex County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Life	1,287	2,925	7	176	156	510	2	23	237	554	1	37
Anthem	1,136	2,365	6	148	103	67	3	19	190	187	1	28
Cigna H & L	1,456	6,983	7	100	152	904	2	24	291	1,072	1	38
ConnectiCare Benefits	1,414	4,279	7	179	170	595	2	24	233	529	1	38
ConnectiCare	1,419	4,394	7	179	170	606	2	24	233	546	1	38
HPHC	1,049	7,988	7	185	48	265	2	23	98	411	1	42
Oxford Health	1,267	2,694	7	182	156	348	2	23	230	495	1	40
United	1,267	2,694	7	182	156	348	2	23	230	495	1	40

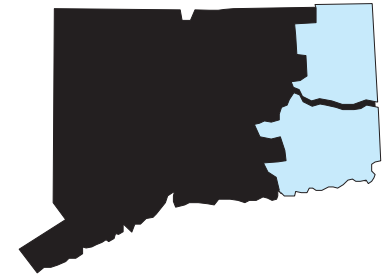
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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

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

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County



Indemnity Managed Care Organization	New London County				Windham County				Totals for All Counties			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Life	306	850	2	47	151	399	2	23	5,172	12,648	28	680
Anthem	251	407	2	37	104	118	2	18	3,993	8,102	28	568
Cigna H & L	385	1,854	2	48	244	752	2	23	6,024	25,993	28	623
ConnectiCare Benefits	316	851	2	51	141	507	2	23	5,084	12,956	28	704
ConnectiCare	315	897	2	51	141	512	2	23	5,095	13,225	28	704
HPHC	173	988	2	56	85	298	2	23	2,987	19,498	28	724
Oxford Health	310	859	2	50	164	409	2	23	5,035	11,598	28	715
United	310	859	2	50	164	409	2	23	5,035	11,598	28	715

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

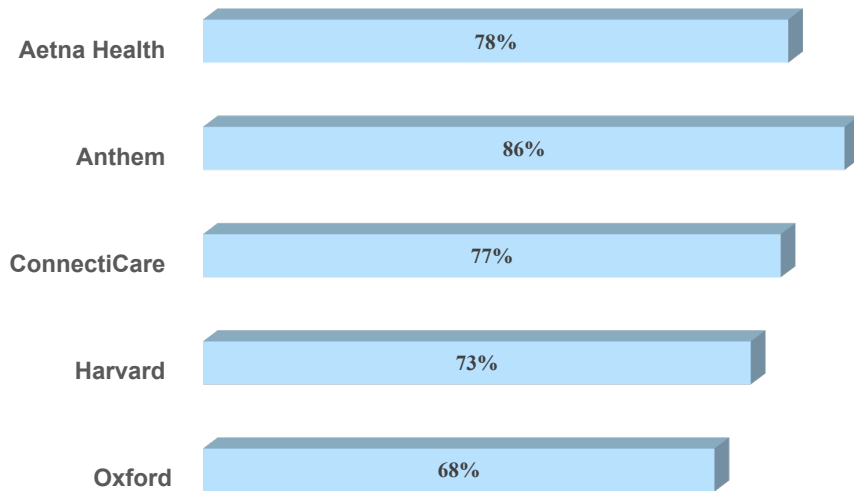
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more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

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

Medical Measures / Usage - Health Maintenance Organizations

Breast Cancer Screening

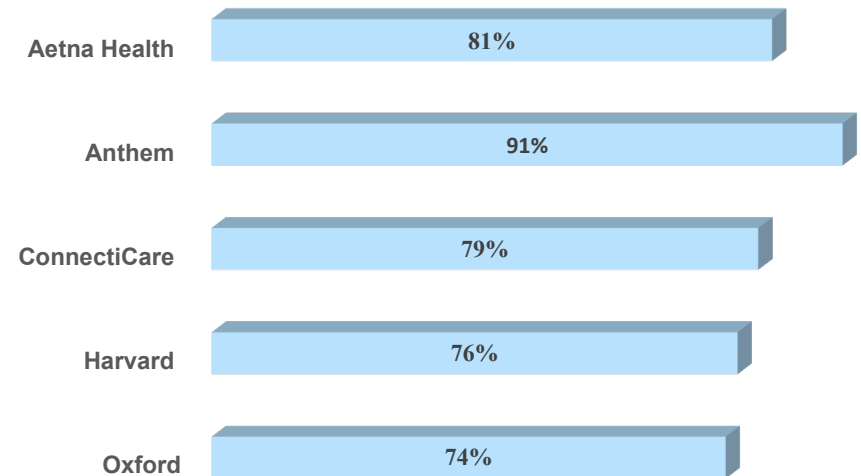
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2021; and (b) were continuously enrolled from October 1, 2019 through December 31, 2021; and (c) had 1 or more mammogram between October 1, 2019 and December 31, 2021.



Cervical Cancer Screening

The percentage of enrolled women who were age 24 through 64 years as of December 31, 2021; and were continuously enrolled during 2019, 2020, 2021; and who were either

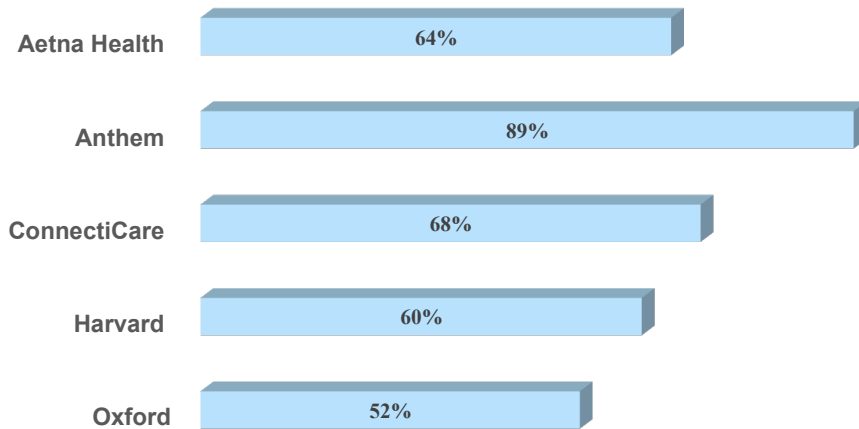
- A. a woman age 21-64, who had cervical cytology performed during 2019, 2020 or 2021; or
- B. from the women who did not meet (A), that are woman age 30-64 as of December 31, 2021, who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years, or woman age 30-64 as of December 31, 2021, who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.



Medical Measures / Usage - Health Maintenance Organizations

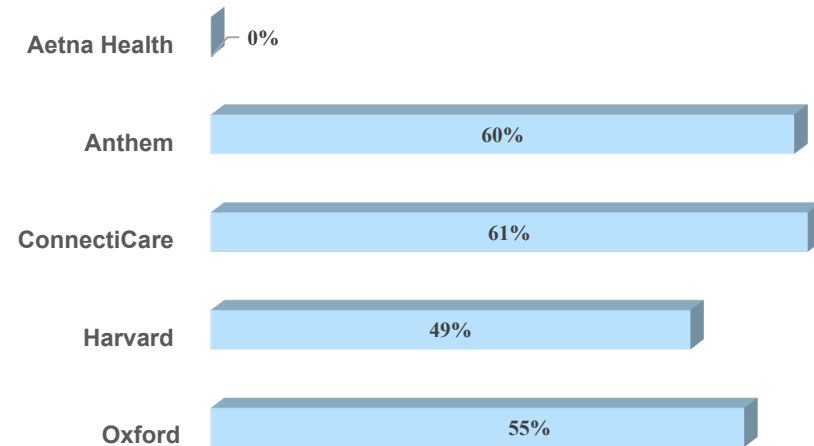
Colorectal Cancer Screening

The percentage of members 51-75 years as of December 31, 2021, who were continuously enrolled during 2020 and 2021, who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: (a) Fecal occult blood test (FOBT) during 2021, (b) flexible sigmoidoscopy during 2021 or the 4 years prior, (c) colonoscopy during 2021 or the 9 years prior, (d) CT colonography during 2021 or the 4 years prior, (e) FIT-DNA test during 2021 or the 2 years prior.



Controlling High Blood Pressure

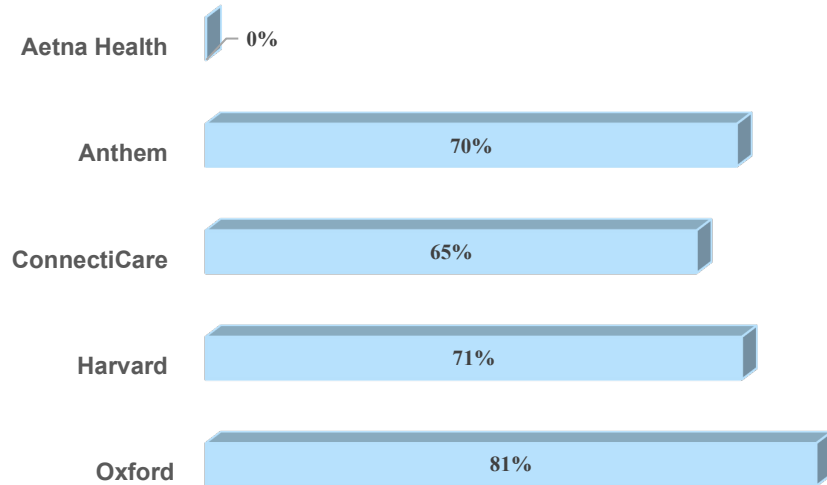
The percentage of members 18-85 years as of December 31, 2021, who were continuously enrolled during 2021, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled (<140/90 mm Hg) during 2021.



Medical Measures / Usage - Health Maintenance Organizations

Childhood Immunizations

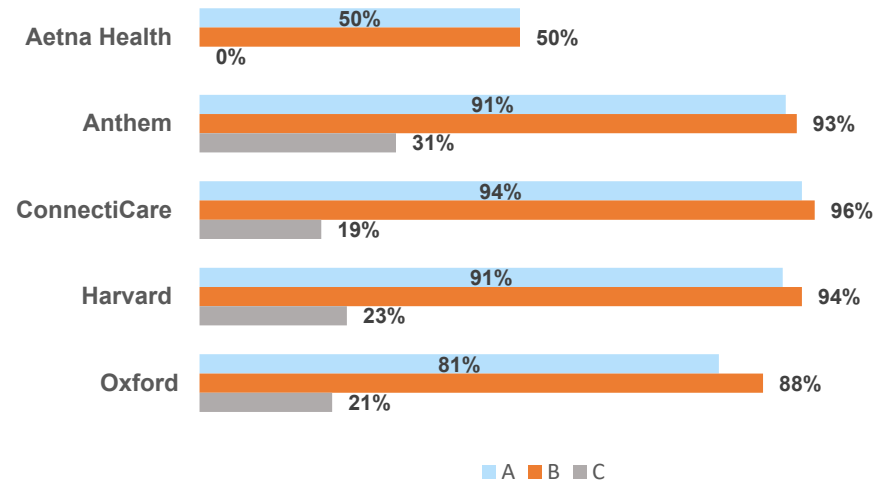
The percentage of enrolled children who: (a) turned two years old during 2021; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, hepatitis a, and rotavirus are included in this measure.



Immunizations for Adolescents

The percentage of members who turned 13 years of age during 2021, who were continuously enrolled 12 months prior to their 13th birthday who:

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



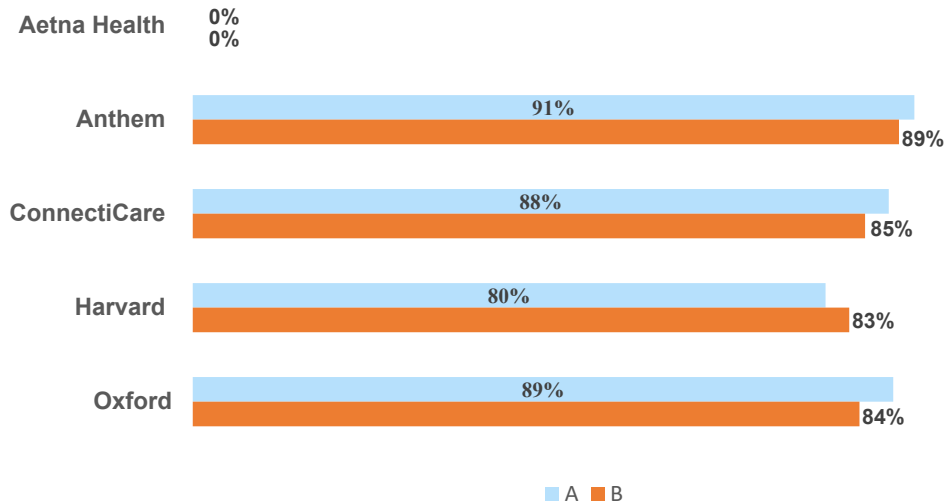
Medial Measures / Usage - Health Maintenance Organizations

Prenatal Care in the First Trimester & Postpartum Care Following Delivery

The percentage of enrolled women who: delivered a live birth on or between October 8, 2020 and October 7, 2021; and were continuously enrolled for 43 days prior to delivery through 60 days after delivery; and

(A) had at least one pre-natal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the Managed Care Organization.

(B) had a postpartum visit on or between 7 and 84 days after delivery.

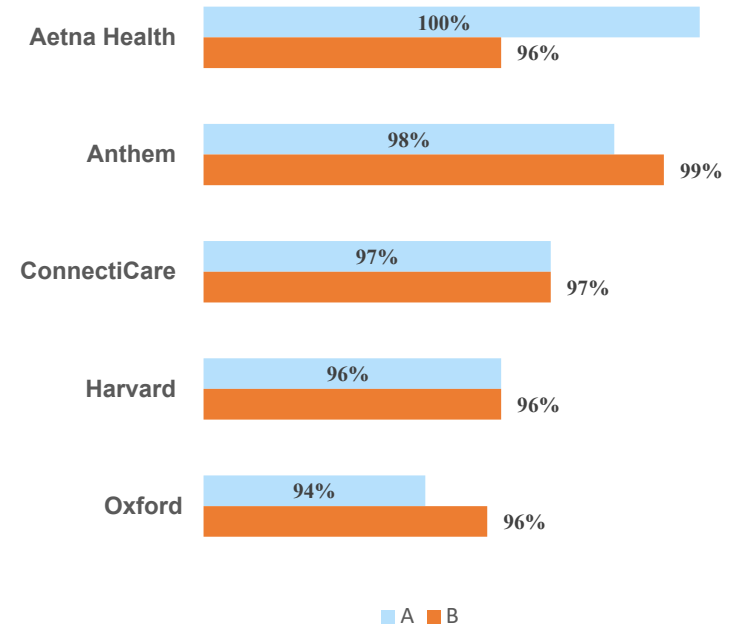


Adult Access to Preventive and Ambulatory Health Services

The percentage of enrollees who were continuously enrolled in the plan during 2019, 2020 and 2021; and had at least one ambulatory or preventive care visit in 2019, 2020 or 2021; that

(A) were age 20-44 as of December 31, 2021.

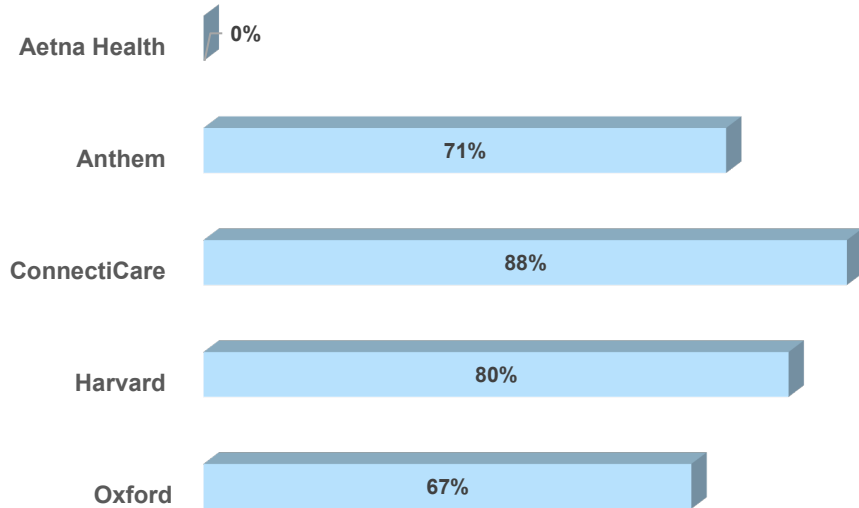
(B) were age 45-64 as of December 31, 2021.



Medical Measures / Usage - Health Maintenance Organizations

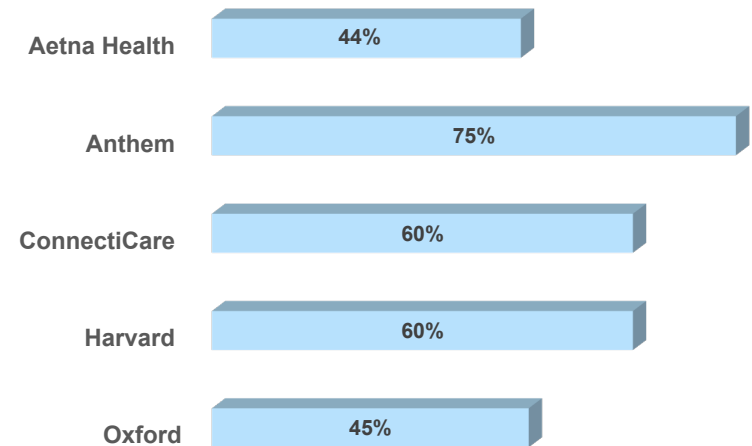
Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 18 years and older as of December 31, 2021 and (b) were hospitalized and discharged between July 1, 2020 and June 30, 2021; and (c) were continuously enrolled from the discharge date through 179 days after the discharge; and (d) had a diagnosis of Acute Myocardial Infarction (AMI); and (e) received persistent beta-blocker treatment for 6 months after discharge.



Eye Exams for People with Diabetes

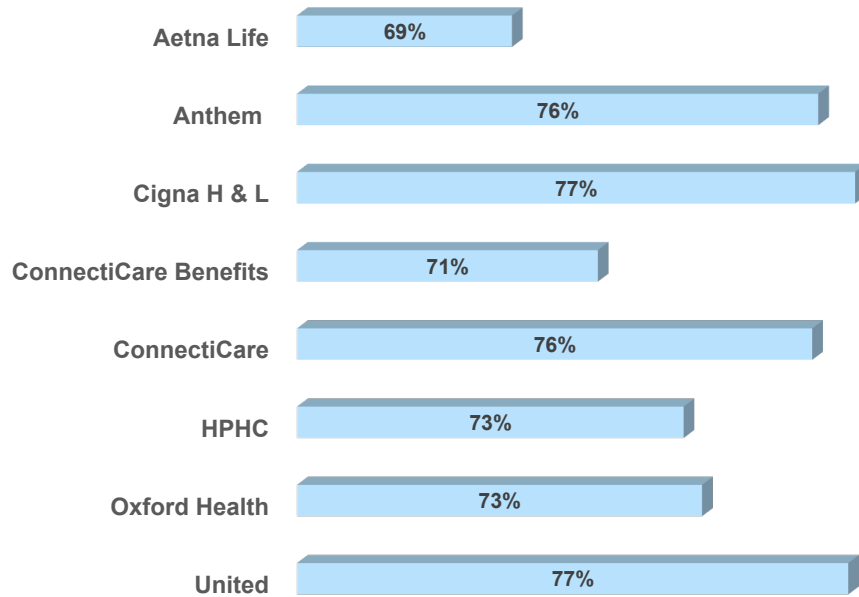
The percentage of all members with diabetes (type II and I) who were enrolled on December 31, 2021; and (b) were 18 through 75 years of age during 2021; and (c) were continuously enrolled during 2021; (d) who had either a retinal or dilated eye examination in 2021 or had a negative retinal or dilated eye examination in 2020, or a bilateral eye enucleation anytime during the members history through December 31, 2021.



Medical Measures / Usage - Indemnity Managed Care Organizations

Breast Cancer Screening

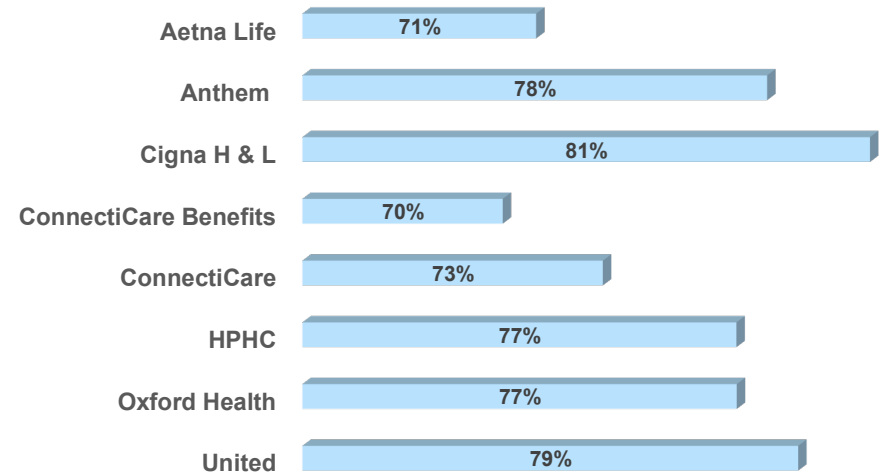
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2021; and (b) were continuously enrolled from October 1, 2019 through December 31, 2021; and (c) had 1 or more mammogram between October 1, 2019 and December 31, 2021.



Cervical Cancer Screening

The percentage of enrolled women who were age 24 through 64 years as of December 31, 2021; and were continuously enrolled during 2019, 2020, 2021; and who were either.

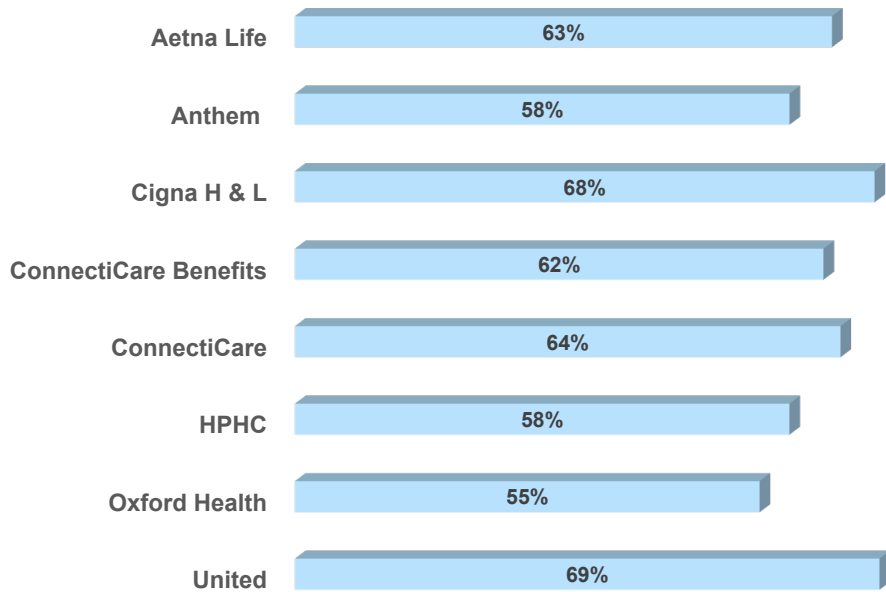
- A. a woman age 21-64, who had cervical cytology performed during 2019, 2020 or 2021; or
- B. from the women who did not meet (A), that are woman age 30-64 as of December 31, 2021, who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years, or woman age 30-64 as of December 31, 2021, who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years



Medical Measures / Usage - Indemnity Managed Care Organizations

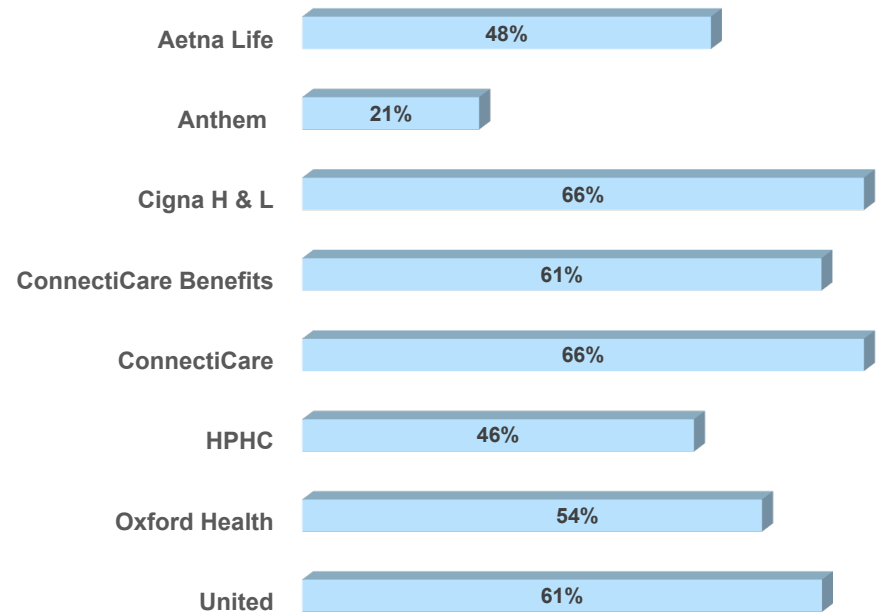
Colorectal Cancer Screening

The percentage of members 51-75 years as of December 31, 2021, who were continuously enrolled during 2020 and 2021, who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: (a) Fecal occult blood test (FOBT) during 2021, (b) flexible sigmoidoscopy during 2021 or the 4 years prior, (c) colonoscopy during 2021 or the 9 years prior, (d) CT colonography during 2021 or the 4 years prior, (e) FIT-DNA test during 2021 or the 2 years prior.



Controlling High Blood Pressure

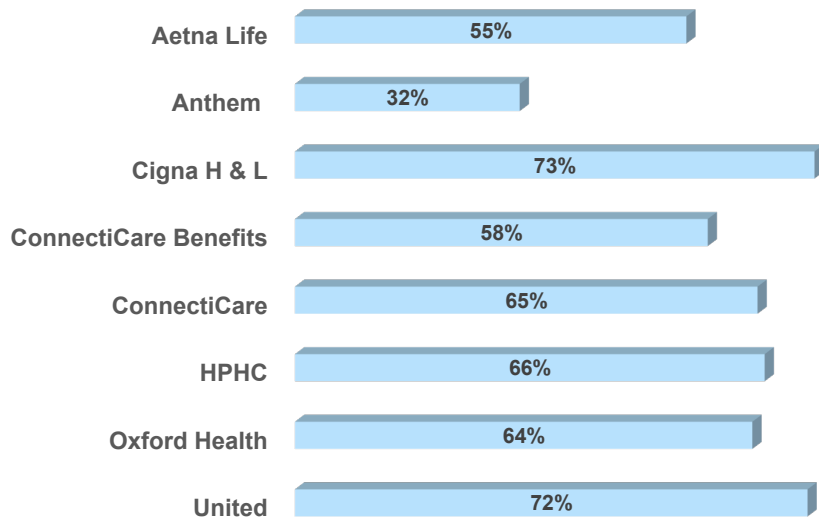
The percentage of members 18-85 years as of December 31, 2021, who were continuously enrolled during 2021, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled (<140/90 mm Hg) during 2021.



Medical Measures / Usage - Indemnity Managed Care Organizations

Childhood Immunizations

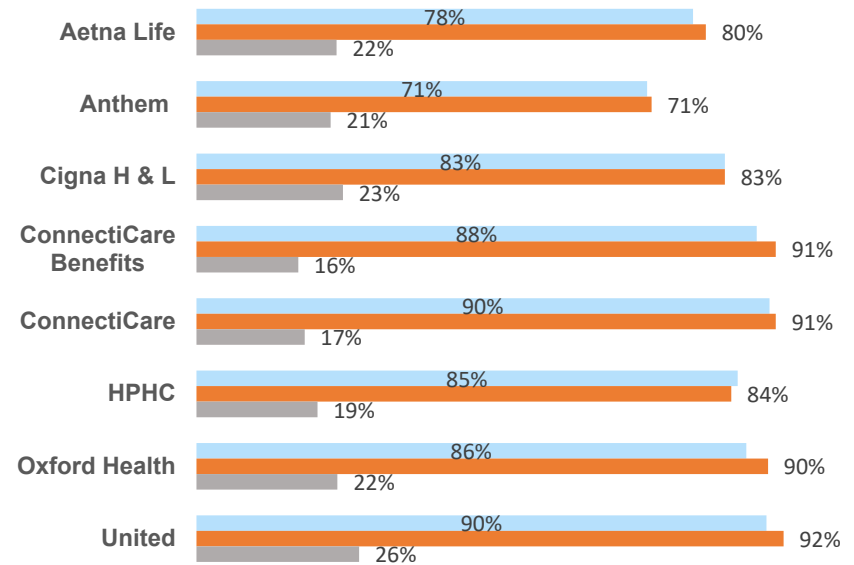
The percentage of enrolled children who: (a) turned two years old during 2021; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, hepatitis a, and rotavirus are included in this measure



Immunizations for Adolescents

The percentage of members who turned 13 years of age during 2021, who were continuously enrolled 12 months prior to their 13th birthday who:

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



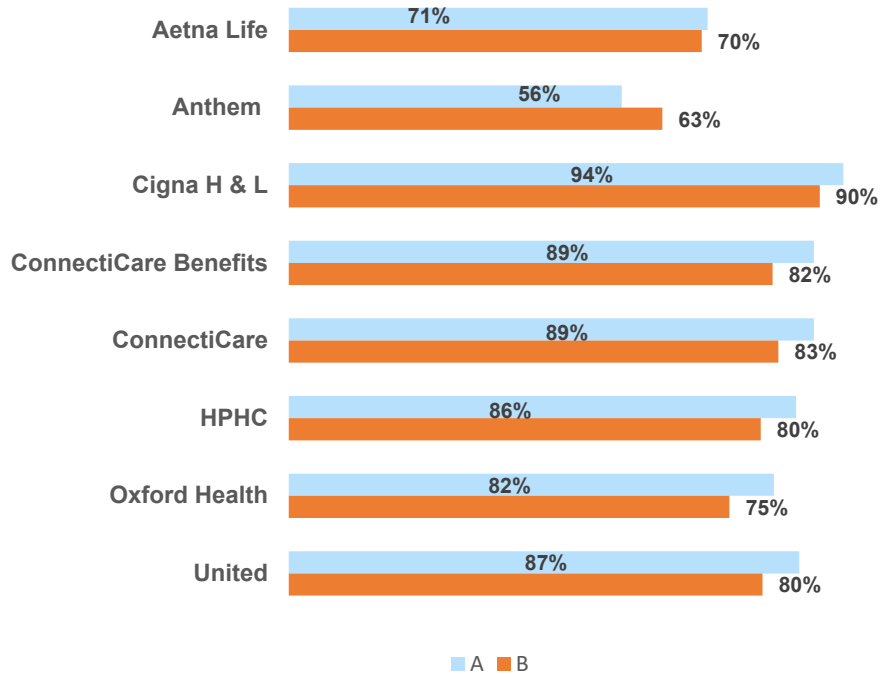
■ A ■ B ■ C

Medical Measures / Usage - Indemnity Managed Care Organizations

Prenatal Care in the First Trimester & Postpartum Care Following Delivery

The percentage of enrolled women who: delivered a live birth on or between October 8, 2020 and October 7, 2021; and were continuously enrolled for 43 days prior to delivery through 60 days after delivery; and

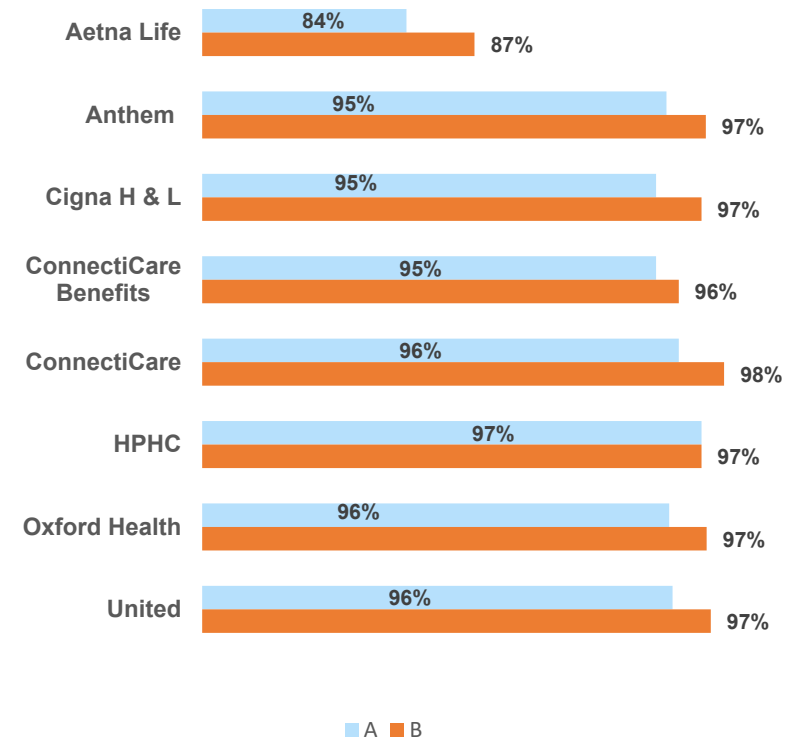
- (A) had at least one pre-natal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the Managed Care Organization.
- (B) had a postpartum visit on or between 7 and 84 days after delivery.



Adult Access to Preventive and Ambulatory Health Services

The percentage of enrollees who were continuously enrolled in the plan during 2019, 2020 and 2021; and had at least one ambulatory or preventive care visit in 2019, 2020 or 2021; that

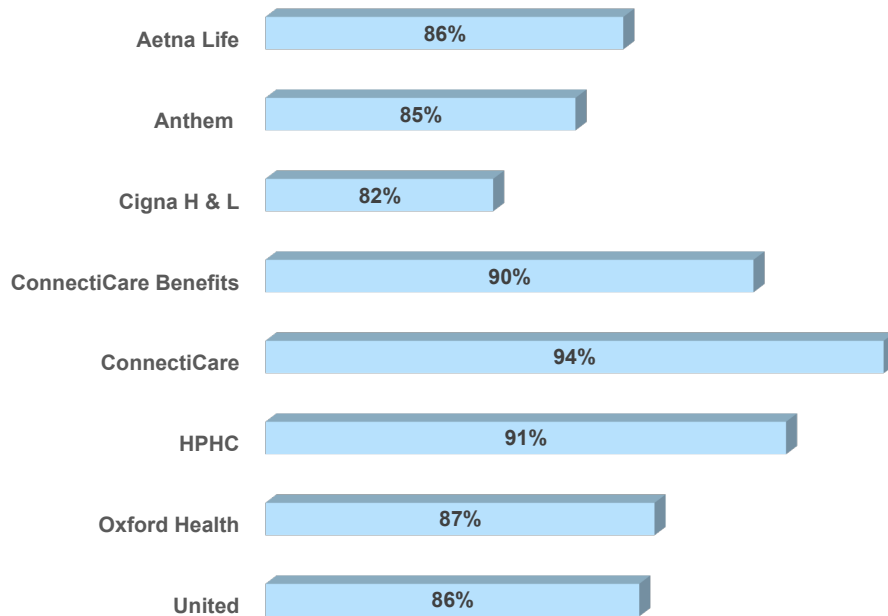
- (A) were age 20-44 as of December 31, 2021.
- (B) were age 45-64 as of December 31, 2021.



Medical Measures / Usage - Indemnity Managed Care Organizations

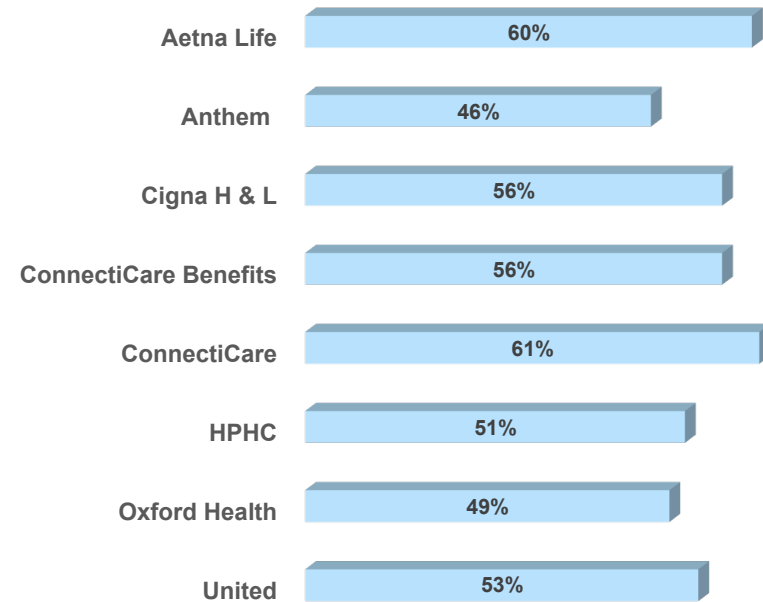
Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 18 years and older as of December 31, 2021 and (b) were hospitalized and discharged between July 1, 2020 and June 30, 2021; and (c) were continuously enrolled from the discharge date through 179 days after the discharge; and (d) had a diagnosis of Acute Myocardial Infarction (AMI); and (e) received persistent beta-blocker treatment for 6 months after discharge.



Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who were enrolled on December 31, 2021; and (b) were 18 through 75 years of age during 2021; and (c) were continuously enrolled during 2021; (d) who had either a retinal or dilated eye examination in 2021, or had a negative retinal or dilated eye examination in 2020, or a bilateral eye enucleation anytime during the members history through December 31, 2021.



Utilization Review Data – 2021

HMO - Aetna Health	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	3	0	3
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	0	0	0
B. The total number of UR requests in A, that were denied*.	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 UR requests that were denied* based on A.	67%	0%	67%
1. Based on Medical Necessity	67%	0%	67%
2. Based on anything other than Medical Necessity	0%	0%	0%
C. The total number of denials in B above that were appealed.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of denials in B above that were appealed.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
D. The total number of appeals in C, that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in C that were upheld on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
F. The number of appeals in E that went to external appeal (through CID)	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2021

HMO - Anthem	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	37,030	481	37,511
1. Based on Medical Necessity	36,761	479	37,240
2. Based on anything other than Medical Necessity	269	2	271
B. The total number of UR requests in A, that were denied*.	3,017	18	3,035
1. Based on Medical Necessity	2,786	16	2,802
2. Based on anything other than Medical Necessity	231	2	233
The Percentage of UR requests that were denied* based on A.	8%	4%	8%
1. Based on Medical Necessity	8%	3%	8%
2. Based on anything other than Medical Necessity	86%	100%	86%
C. The total number of denials in B above that were appealed.	50	2	52
1. Based on Medical Necessity	45	2	47
2. Based on anything other than Medical Necessity	5	0	5
The Percentage of denials in B above that were appealed.	2%	11%	2%
1. Based on Medical Necessity	2%	13%	2%
2. Based on anything other than Medical Necessity	2%	0%	2%
D. The total number of appeals in C, that were reversed on appeal.	15	0	15
1. Based on Medical Necessity	12	0	12
2. Based on anything other than Medical Necessity	3	0	3
The Percentage of appeals that were reversed on appeal.	30%	0%	29%
1. Based on Medical Necessity	27%	0%	26%
2. Based on anything other than Medical Necessity	60%	0%	60%
E. The total number of appeals in C that were upheld on appeal.	35	2	37
1. Based on Medical Necessity	33	2	35
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of appeals in C that were upheld on appeal.	70%	100%	71%
1. Based on Medical Necessity	73%	100%	74%
2. Based on anything other than Medical Necessity	40%	0%	40%
F. The number of appeals in E that went to external appeal (through CID)	2	1	3
1. Based on Medical Necessity	2	1	3
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	6%	50%	8%
1. Based on Medical Necessity	6%	50%	9%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	1	1	2
1. Based on Medical Necessity	1	1	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.	50%	100%	67%
1. Based on Medical Necessity	50%	100%	67%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2021

HMO - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	10,619	775	11,394
1. Based on Medical Necessity	10,398	772	11,170
2. Based on anything other than Medical Necessity	221	3	224
B. The total number of UR requests in A, that were denied*.	1,396	23	1,419
1. Based on Medical Necessity	1,175	20	1,195
2. Based on anything other than Medical Necessity	221	3	224
The Percentage of UR requests that were denied* based on A.	13%	3%	12%
1. Based on Medical Necessity	11%	3%	11%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	153	6	159
1. Based on Medical Necessity	153	5	158
2. Based on anything other than Medical Necessity	0	1	1
The Percentage of denials in B above that were appealed.	11%	26%	11%
1. Based on Medical Necessity	13%	25%	13%
2. Based on anything other than Medical Necessity	0%	33%	0%
D. The total number of appeals in C that were reversed on appeal.	111	2	113
1. Based on Medical Necessity	111	2	113
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	73%	33%	71%
1. Based on Medical Necessity	73%	40%	72%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	42	4	46
1. Based on Medical Necessity	42	3	45
2. Based on anything other than Medical Necessity	0	1	1
The Percentage of appeals in C that were upheld on appeal.	27%	67%	29%
1. Based on Medical Necessity	27%	60%	28%
2. Based on anything other than Medical Necessity	0%	100%	100%
F. The number of appeals in E that went to external appeal. (through CID)	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 appeals in E that went to external appeal. (through CID)	5%	0%	4%
1. Based on Medical Necessity	5%	0%	4%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	50%	0%	50%
1. Based on Medical Necessity	50%	0%	50%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2021

HMO - Harvard	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	2,675	201	2,876
1. Based on Medical Necessity	2,522	199	2,721
2. Based on anything other than Medical Necessity	153	2	155
B. The total number of UR requests in A, that were denied*.	487	5	492
1. Based on Medical Necessity	404	3	407
2. Based on anything other than Medical Necessity	83	2	85
The Percentage of UR requests that were denied* based on A.	18%	2%	17%
1. Based on Medical Necessity	16%	2%	15%
2. Based on anything other than Medical Necessity	54%	100%	55%
C. The total number of denials in B above that were appealed.	44	0	44
1. Based on Medical Necessity	30	0	30
2. Based on anything other than Medical Necessity	14	0	14
The Percentage of denials in B above that were appealed.	9%	0%	9%
1. Based on Medical Necessity	7%	0%	7%
2. Based on anything other than Medical Necessity	17%	0%	16%
D. The total number of appeals in C that were reversed on appeal.	21	0	21
1. Based on Medical Necessity	19	0	19
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of appeals that were reversed on appeal.	48%	0%	48%
1. Based on Medical Necessity	63%	0%	63%
2. Based on anything other than Medical Necessity	14%	0%	14%
E. The total number of appeals in C that were upheld on appeal.	23	0	23
1. Based on Medical Necessity	11	0	11
2. Based on anything other than Medical Necessity	12	0	12
The Percentage of appeals in C that were upheld on appeal.	52%	0%	52%
1. Based on Medical Necessity	37%	0%	37%
2. Based on anything other than Medical Necessity	86%	0%	86%
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)	4%	0%	4%
1. Based on Medical Necessity	9%	0%	9%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2021

HMO - Oxford	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	2,477	69	2,546
1. Based on Medical Necessity	1,724	68	1,792
2. Based on anything other than Medical Necessity	753	1	754
B. The total number of UR requests in A, that were denied*.	375	32	407
1. Based on Medical Necessity	363	31	394
2. Based on anything other than Medical Necessity	12	1	13
The Percentage of UR requests that were denied* based on A.	15%	46%	16%
1. Based on Medical Necessity	21%	46%	22%
2. Based on anything other than Medical Necessity	2%	100%	2%
C. The total number of denials in B above that were appealed.	54	5	59
1. Based on Medical Necessity	54	5	59
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of denials in B above that were appealed.	14%	16%	14%
1. Based on Medical Necessity	15%	16%	15%
2. Based on anything other than Medical Necessity	0%	0%	0%
D. The total number of appeals in C that were reversed on appeal.	30	2	32
1. Based on Medical Necessity	30	2	32
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	56%	40%	54%
1. Based on Medical Necessity	56%	40%	54%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	24	2	26
1. Based on Medical Necessity	24	2	26
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in C that were upheld on appeal.	44%	40%	44%
1. Based on Medical Necessity	44%	40%	44%
2. Based on anything other than Medical Necessity	0%	0%	0%
F. The number of appeals in E that went to external appeal. (through CID)	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)	4%	0%	4%
1. Based on Medical Necessity	4%	0%	4%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	100%	0%	100%
1. Based on Medical Necessity	100%	0%	100%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2021

Indemnity - Aetna Life	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	1,470	174	1,644
1. Based on Medical Necessity	1,448	173	1,621
2. Based on anything other than Medical Necessity	22	1	23
B. The total number of UR requests in A, that were denied*.	391	13	404
1. Based on Medical Necessity	370	12	382
2. Based on anything other than Medical Necessity	21	1	22
The Percentage of UR requests that were denied* based on A.	27%	7%	25%
1. Based on Medical Necessity	26%	7%	24%
2. Based on anything other than Medical Necessity	95%	100%	96%
C. The total number of denials in B above that were appealed.	53	1	54
1. Based on Medical Necessity	49	1	50
2. Based on anything other than Medical Necessity	4	0	4
The Percentage of denials in B above that were appealed.	14%	8%	13%
1. Based on Medical Necessity	13%	8%	13%
2. Based on anything other than Medical Necessity	19%	0%	18%
D. The total number of appeals in C that were reversed on appeal.	21	0	21
1. Based on Medical Necessity	21	0	21
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	40%	0%	39%
1. Based on Medical Necessity	43%	0%	42%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	32	1	33
1. Based on Medical Necessity	28	1	29
2. Based on anything other than Medical Necessity	4	0	4
The Percentage of appeals in C that were upheld on appeal.	60%	100%	61%
1. Based on Medical Necessity	57%	100%	58%
2. Based on anything other than Medical Necessity	100%	0%	100%
F. The number of appeals in E that went to external appeal (through CID)	6	0	6
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	3	0	3
The Percentage of appeals in E that went to external appeal. (through CID)	19%	0%	18%
1. Based on Medical Necessity	11%	0%	10%
2. Based on anything other than Medical Necessity	75%	0%	75%
G. The total number of external appeals above in F that were reversed on appeal.	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 external appeals above in F that were reversed on appeal.	33%	0%	33%
1. Based on Medical Necessity	33%	0%	33%
2. Based on anything other than Medical Necessity	33%	0%	33%

Utilization Review Data – 2021

Indemnity - Anthem	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	116,515	3,119	119,634
1. Based on Medical Necessity	115,473	3,100	118,573
2. Based on anything other than Medical Necessity	1,042	19	1,061
B. The total number of UR requests in A, that were denied*.	12,029	157	12,186
1. Based on Medical Necessity	11,122	138	11,260
2. Based on anything other than Medical Necessity	907	19	926
The Percentage of UR requests that were denied* based on A.	10%	5%	10%
1. Based on Medical Necessity	10%	4%	9%
2. Based on anything other than Medical Necessity	87%	100%	87%
C. The total number of denials in B above that were appealed.	351	38	389
1. Based on Medical Necessity	323	38	361
2. Based on anything other than Medical Necessity	28	0	28
The Percentage of denials in B above that were appealed.	3%	24%	3%
1. Based on Medical Necessity	3%	28%	3%
2. Based on anything other than Medical Necessity	3%	0%	3%
D. The total number of appeals in C that were reversed on appeal.	124	5	129
1. Based on Medical Necessity	103	5	108
2. Based on anything other than Medical Necessity	21	0	21
The Percentage of appeals that were reversed on appeal.	35%	13%	33%
1. Based on Medical Necessity	32%	13%	30%
2. Based on anything other than Medical Necessity	75%	0%	75%
E. The total number of appeals in C that were upheld on appeal.	227	33	260
1. Based on Medical Necessity	220	33	253
2. Based on anything other than Medical Necessity	7	0	7
The Percentage of appeals in C that were upheld on appeal.	65%	87%	67%
1. Based on Medical Necessity	68%	87%	70%
2. Based on anything other than Medical Necessity	25%	0%	25%
F. The number of appeals in E that went to external appeal. (through CID)	11	2	13
1. Based on Medical Necessity	11	2	13
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	5%	6%	5%
1. Based on Medical Necessity	5%	6%	5%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	6	1	7
1. Based on Medical Necessity	6	1	7
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	55%	50%	54%
1. Based on Medical Necessity	55%	50%	54%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2021

Indemnity - Cigna H & L	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	37,848	1,505	39,353
1. Based on Medical Necessity	37,496	1,500	38,996
2. Based on anything other than Medical Necessity	352	5	357
B. The total number of UR requests in A, that were denied*.	12,510	62	12,572
1. Based on Medical Necessity	12,158	57	12,215
2. Based on anything other than Medical Necessity	352	5	357
The Percentage of UR requests that were denied* based on A.	33%	4%	32%
1. Based on Medical Necessity	32%	4%	31%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	972	24	996
1. Based on Medical Necessity	912	23	935
2. Based on anything other than Medical Necessity	60	1	61
The Percentage of denials in B above that were appealed.	8%	39%	8%
1. Based on Medical Necessity	8%	40%	8%
2. Based on anything other than Medical Necessity	17%	20%	17%
D. The total number of appeals in C that were reversed on appeal.	485	8	493
1. Based on Medical Necessity	428	8	436
2. Based on anything other than Medical Necessity	57	0	57
The Percentage of appeals that were reversed on appeal.	50%	33%	49%
1. Based on Medical Necessity	47%	35%	47%
2. Based on anything other than Medical Necessity	95%	0%	93%
E. The total number of appeals in C that were upheld on appeal.	487	16	503
1. Based on Medical Necessity	484	15	499
2. Based on anything other than Medical Necessity	3	1	4
The Percentage of appeals in C that were upheld on appeal.	50%	67%	51%
1. Based on Medical Necessity	53%	65%	53%
2. Based on anything other than Medical Necessity	5%	100%	7%
F. The number of appeals in E that went to external appeal. (through CID)	13	0	13
1. Based on Medical Necessity	13	0	13
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	3%	0%	3%
1. Based on Medical Necessity	3%	0%	3%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	7	0	7
1. Based on Medical Necessity	7	0	7
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	54%	0%	54%
1. Based on Medical Necessity	54%	0%	54%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2021

Indemnity - ConnectiCare Benefits	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	39,533	1,836	41,369
1. Based on Medical Necessity	39,202	1,804	41,006
2. Based on anything other than Medical Necessity	331	32	363
B. The total number of UR requests in A, that were denied*.	8,133	359	8,492
1. Based on Medical Necessity	7,802	327	8,129
2. Based on anything other than Medical Necessity	331	32	363
The Percentage of UR requests that were denied* based on A.	21%	20%	21%
1. Based on Medical Necessity	20%	18%	20%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	638	18	656
1. Based on Medical Necessity	638	18	656
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of denials in B above that were appealed.	8%	5%	8%
1. Based on Medical Necessity	8%	6%	8%
2. Based on anything other than Medical Necessity	0%	0%	0%
D. The total number of appeals in C that were reversed on appeal.	475	3	478
1. Based on Medical Necessity	475	3	478
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	74%	17%	73%
1. Based on Medical Necessity	74%	17%	73%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	163	15	178
1. Based on Medical Necessity	163	15	178
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in C that were upheld on appeal.	26%	83%	27%
1. Based on Medical Necessity	26%	83%	27%
2. Based on anything other than Medical Necessity	0%	0%	0%
F. The number of appeals in E that went to external appeal. (through CID)	5	2	7
1. Based on Medical Necessity	5	2	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%	13%	4%
1. Based on Medical Necessity	3%	13%	4%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	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%	50%	57%
1. Based on Medical Necessity	60%	50%	57%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2021

Indemnity - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	38,120	2,327	40,959
1. Based on Medical Necessity	37,355	2,315	40,182
2. Based on anything other than Medical Necessity	765	12	777
B. The total number of UR requests in A, that were denied*.	6,279	56	6,501
1. Based on Medical Necessity	5,514	44	5,724
2. Based on anything other than Medical Necessity	765	12	777
The Percentage of UR requests that were denied* based on A.	16%	2%	16%
1. Based on Medical Necessity	15%	2%	14%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	503	8	511
1. Based on Medical Necessity	503	7	510
2. Based on anything other than Medical Necessity	0	1	1
The Percentage of denials in B above that were appealed.	8%	14%	8%
1. Based on Medical Necessity	9%	16%	9%
2. Based on anything other than Medical Necessity	0%	8%	0%
D. The total number of appeals in C that were reversed on appeal.	357	2	359
1. Based on Medical Necessity	357	2	359
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	71%	25%	70%
1. Based on Medical Necessity	71%	29%	70%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	146	6	152
1. Based on Medical Necessity	146	5	151
2. Based on anything other than Medical Necessity	0	1	1
The Percentage of appeals in C that were upheld on appeal.	29%	75%	30%
1. Based on Medical Necessity	29%	71%	30%
2. Based on anything other than Medical Necessity	0%	100%	100%
F. The number of appeals in E that went to external appeal. (through CID)	4	2	6
1. Based on Medical Necessity	4	2	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)	3%	33%	4%
1. Based on Medical Necessity	3%	40%	4%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	25%	0%	17%
1. Based on Medical Necessity	25%	0%	17%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2021

Indemnity - HPHC	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	4,642	492	5,134
1. Based on Medical Necessity	4,381	491	4,872
2. Based on anything other than Medical Necessity	261	1	262
B. The total number of UR requests in A, that were denied*.	788	21	809
1. Based on Medical Necessity	688	20	708
2. Based on anything other than Medical Necessity	100	1	101
The Percentage of UR requests that were denied* based on A.	17%	4%	16%
1. Based on Medical Necessity	16%	4%	15%
2. Based on anything other than Medical Necessity	38%	100%	39%
C. The total number of denials in B above that were appealed.	89	2	91
1. Based on Medical Necessity	76	2	78
2. Based on anything other than Medical Necessity	13	0	13
The Percentage of denials in B above that were appealed.	11%	10%	11%
1. Based on Medical Necessity	11%	10%	11%
2. Based on anything other than Medical Necessity	13%	0%	13%
D. The total number of appeals in C, that were reversed on appeal.	48	2	50
1. Based on Medical Necessity	46	2	48
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of appeals that were reversed on appeal.	54%	100%	55%
1. Based on Medical Necessity	61%	100%	62%
2. Based on anything other than Medical Necessity	15%	0%	15%
E. The total number of appeals in C that were upheld on appeal.	41	0	41
1. Based on Medical Necessity	30	0	30
2. Based on anything other than Medical Necessity	11	0	11
The Percentage of appeals in C that were upheld on appeal.	46%	0%	45%
1. Based on Medical Necessity	39%	0%	38%
2. Based on anything other than Medical Necessity	85%	0%	85%
F. The number of appeals in E that went to external appeal (through CID)	4	0	4
1. Based on Medical Necessity	4	0	4
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	10%	0%	10%
1. Based on Medical Necessity	13%	0%	13%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	25%	0%	25%
1. Based on Medical Necessity	25%	0%	25%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2021

Indemnity - Oxford Health	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	47,803	1,048	48,851
1. Based on Medical Necessity	40,701	1,024	41,725
2. Based on anything other than Medical Necessity	7,102	24	7,126
B. The total number of UR requests in A, that were denied*.	8,914	379	9,293
1. Based on Medical Necessity	8,852	372	9,224
2. Based on anything other than Medical Necessity	62	7	69
The Percentage of UR requests that were denied* based on A.	19%	36%	19%
1. Based on Medical Necessity	22%	36%	22%
2. Based on anything other than Medical Necessity	1%	29%	1%
C. The total number of denials in B above that were appealed.	707	9	716
1. Based on Medical Necessity	686	9	695
2. Based on anything other than Medical Necessity	21	0	21
The Percentage of denials in B above that were appealed.	8%	2%	8%
1. Based on Medical Necessity	8%	2%	8%
2. Based on anything other than Medical Necessity	34%	0%	30%
D. The total number of appeals in C that were reversed on appeal.	444	1	445
1. Based on Medical Necessity	428	1	429
2. Based on anything other than Medical Necessity	16	0	16
The Percentage of appeals that were reversed on appeal.	63%	11%	62%
1. Based on Medical Necessity	62%	11%	62%
2. Based on anything other than Medical Necessity	76%	0%	76%
E. The total number of appeals in C that were upheld on appeal.	249	8	257
1. Based on Medical Necessity	244	8	252
2. Based on anything other than Medical Necessity	5	0	5
The Percentage of appeals in C that were upheld on appeal.	35%	89%	36%
1. Based on Medical Necessity	36%	89%	36%
2. Based on anything other than Medical Necessity	24%	0%	24%
F. The number of appeals in E that went to external appeal. (through CID)	18	0	18
1. Based on Medical Necessity	18	0	18
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	7%	0%	7%
1. Based on Medical Necessity	7%	0%	7%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	9	0	9
1. Based on Medical Necessity	9	0	9
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	50%	0%	50%
1. Based on Medical Necessity	50%	0%	50%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2021

Indemnity - United	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	15,111	2,956	18,067
1. Based on Medical Necessity	13,822	2,938	16,760
2. Based on anything other than Medical Necessity	1,289	18	1,307
B. The total number of UR requests in A, that were denied*.	5,058	458	5,516
1. Based on Medical Necessity	4,996	440	5,436
2. Based on anything other than Medical Necessity	62	18	80
The Percentage of UR requests that were denied* based on A.	33%	15%	31%
1. Based on Medical Necessity	36%	15%	32%
2. Based on anything other than Medical Necessity	5%	100%	6%
C. The total number of denials in B above that were appealed.	429	7	436
1. Based on Medical Necessity	396	7	403
2. Based on anything other than Medical Necessity	33	0	33
The Percentage of denials in B above that were appealed.	8%	2%	8%
1. Based on Medical Necessity	8%	2%	7%
2. Based on anything other than Medical Necessity	53%	0%	41%
D. The total number of appeals in C, that were reversed on appeal.	259	2	261
1. Based on Medical Necessity	237	2	239
2. Based on anything other than Medical Necessity	22	0	22
The Percentage of appeals that were reversed on appeal.	60%	29%	60%
1. Based on Medical Necessity	60%	29%	59%
2. Based on anything other than Medical Necessity	67%	0%	67%
E. The total number of appeals in C that were upheld on appeal.	170	5	175
1. Based on Medical Necessity	159	5	164
2. Based on anything other than Medical Necessity	11	0	11
The Percentage of appeals in C that were upheld on appeal.	40%	71%	40%
1. Based on Medical Necessity	40%	71%	41%
2. Based on anything other than Medical Necessity	33%	0%	33%
F. The number of appeals in E that went to external appeal. (through CID)	9	0	9
1. Based on Medical Necessity	7	0	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)	5%	0%	5%
1. Based on Medical Necessity	4%	0%	4%
2. Based on anything other than Medical Necessity	18%	0%	18%
G. The total number of external appeals above in F that were reversed on appeal.	5	0	5
1. Based on Medical Necessity	4	0	4
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of external appeals above in F that were reversed on appeal.	56%	0%	56%
1. Based on Medical Necessity	57%	0%	57%
2. Based on anything other than Medical Necessity	50%	0%	50%

Fully Insured Behavioral Health Statistics for 2021

HMO - Aetna Health	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 that were Denied	0%	0%	0%	0%	0%	0%
Number of Denials that were Appealed	0	0	0	0	0	0
Percentage of Denials that were Appealed	0%	0%	0%	0%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

HMO - Anthem	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	165	93	36	71	108	8
Number of UR Requests Denied	1	6	1	2	5	1
Percentage of UR Requests that were Denied	1%	6%	3%	3%	5%	13%
Number of Denials that were Appealed	0	1	0	1	0	0
Percentage of Denials that were Appealed	0%	17%	0%	50%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	1	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	100%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	1	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	100%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2021

HMO - ConnectiCare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	141	122	44	370	83	12
Number of UR Requests Denied	2	2	1	9	6	0
Percentage of UR Requests that were Denied	1%	2%	2%	2%	7%	0%
Number of Denials that were Appealed	0	2	0	2	1	0
Percentage of Denials that were Appealed	0%	100%	0%	22%	17%	0%
Number of Appeals that Reversed the decision	0	1	0	1	0	0
Percentage of Appeals that Reversed the decision	0%	50%	0%	50%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

HMO - Harvard	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	52	44	10	24	69	0
Number of UR Requests Denied	0	0	0	1	2	0
Percentage of UR Requests that were Denied	0%	0%	0%	4%	3%	0%
Number of Denials that were Appealed	0	0	0	0	0	0
Percentage of Denials that were Appealed	0%	0%	0%	0%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2021

HMO - Oxford	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	0	2	3	8	56	0
Number of UR Requests Denied	0	2	2	7	21	0
Percentage of UR Requests that were Denied	0%	100%	67%	88%	38%	0%
Number of Denials that were Appealed	0	0	1	4	0	0
Percentage of Denials that were Appealed	0%	0%	50%	57%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	2	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	50%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Indemnity - Aetna Life	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	45	16	34	0	57	22
Number of UR Requests Denied	0	4	3	0	6	0
Percentage of UR Requests that were Denied	0%	25%	9%	0%	11%	0%
Number of Denials that were Appealed	0	0	0	0	1	0
Percentage of Denials that were Appealed	0%	0%	0%	0%	17%	0%
Number of Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2021

Indemnity - Anthem	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	809	1,052	373	451	429	5
Number of UR Requests Denied	9	103	20	10	15	0
Percentage of UR Requests that were Denied	1%	10%	5%	2%	3%	0%
Number of Denials that were Appealed	2	31	4	0	1	0
Percentage of Denials that were Appealed	22%	30%	20%	0%	7%	0%
Number of Appeals that Reversed the decision	2	3	0	0	0	0
Percentage of Appeals that Reversed the decision	100%	10%	0%	0%	0%	0%
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%	7%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	1	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	50%	0%	0%	0%	0%

Indemnity - Cigna L & H	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	324	370	246	186	138	126
Number of UR Requests Denied	4	21	10	3	14	2
Percentage of UR Requests that were Denied	1%	6%	4%	2%	10%	2%
Number of Denials that were Appealed	3	13	2	0	6	0
Percentage of Denials that were Appealed	75%	62%	20%	0%	43%	0%
Number of Appeals that Reversed the decision	0	4	1	0	3	0
Percentage of Appeals that Reversed the decision	0%	31%	50%	0%	50%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2021

Indemnity - ConnectiCare Benefits	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	113	137	50	442	140	3
Number of UR Requests Denied	3	14	3	36	17	1
Percentage of UR Requests that were Denied	3%	10%	6%	8%	12%	33%
Number of Denials that were Appealed	2	6	2	7	1	0
Percentage of Denials that were Appealed	67%	43%	67%	19%	6%	0%
Number of Appeals that Reversed the decision	0	0	0	3	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	43%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	1	1	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	17%	50%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	1	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	100%	0%	0%	0%	0%

Indemnity - ConnectiCare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	318	492	273	994	210	28
Number of UR Requests Denied	0	10	4	22	5	3
Percentage of UR Requests that were Denied	0%	2%	1%	2%	2%	11%
Number of Denials that were Appealed	0	2	1	4	0	0
Percentage of Denials that were Appealed	0%	20%	25%	18%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	2	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	50%	0%	0%
Number of Upheld Appeals that went to External Appeal	1	1	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	50%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2021

Indemnity - HPHC	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	125	109	53	98	105	1
Number of UR Requests Denied	0	4	0	9	6	1
Percentage of UR Requests that were Denied	0%	4%	0%	9%	6%	100%
Number of Denials that were Appealed	0	1	0	0	0	1
Percentage of Denials that were Appealed	0%	25%	0%	0%	0%	100%
Number of Appeals that Reversed the decision	0	1	0	0	0	1
Percentage of Appeals that Reversed the decision	0%	100%	0%	0%	0%	100%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Indemnity - Oxford Health	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	12	21	6	15	994	0
Number of UR Requests Denied	4	9	3	5	358	0
Percentage of UR Requests that were Denied	33%	43%	50%	33%	36%	0%
Number of Denials that were Appealed	0	3	2	3	1	0
Percentage of Denials that were Appealed	0%	33%	67%	60%	0%	0%
Number of Appeals that Reversed the decision	0	0	1	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	50%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2021

Indemnity - United	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	328	378	200	827	1,170	53
Number of UR Requests Denied	1	11	4	28	410	4
Percentage of UR Requests that were Denied	0%	3%	2%	3%	35%	8%
Number of Denials that were Appealed	0	4	1	1	1	0
Percentage of Denials that were Appealed	0%	36%	25%	4%	0%	0%
Number of Appeals that Reversed the decision	0	2	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	50%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Mental Health Measures / Usage - Health Maintenance Organizations

Mental Health Utilization - Percentage by Level of Care	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Report the total number of members who received care					
(a) Any Mental Health Service	51	50,637	2,064	622	825
(b) Inpatient Mental Health Services	0	652	39	8	9
(c) Intensive Outpatient or Partial Hospitalization Health Services	2	875	40	9	13
(d) Outpatient	22	21,043	815	226	336
(e) Emergency Department Health Services	2	364	26	11	14
(f) Telehealth Mental Health Services	25	27,703	1,144	368	453
Report the percentage of total membership who received the respective service					
(a) Any Mental Health Service	15%	23%	14%	14%	15%
(b) Inpatient Mental Health Services	0%	0%	0%	0%	0%
(c) Intensive Outpatient or Partial Hospitalization Health Services	1%	0%	0%	0%	0%
(d) Outpatient	9%	10%	5%	8%	6%
(e) Emergency Department Health Services	1%	0%	0%	0%	0%
(f) Telehealth Mental Health Services	10%	13%	8%	13%	8%

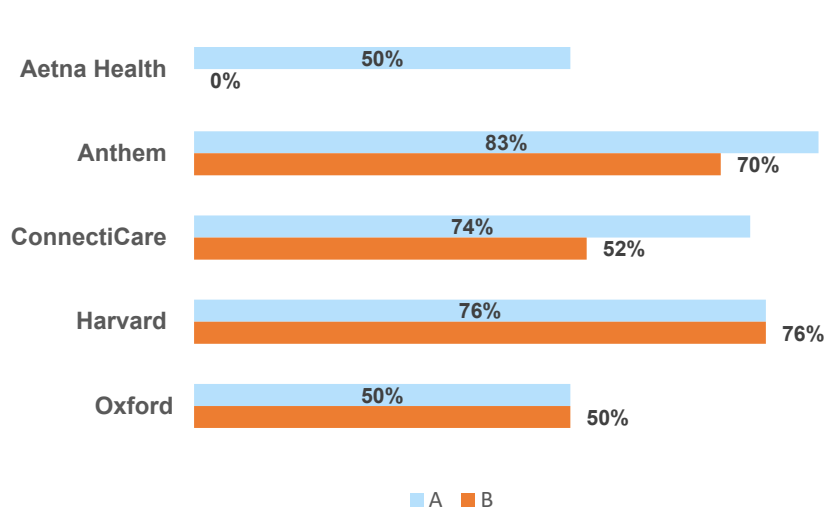
Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Report the total number of members who received care					
(a) Any Dependency Service	3	665	542	149	249
(b) Inpatient Dependency Services	0	81	52	16	33
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	0	27	14	1	11
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	2	321	283	71	133
(e) Emergency Department Dependency Services	0	78	77	22	28
(f) Telehealth Dependency Services	1	158	116	39	44
Report the percentage of total membership who received the respective service					
(a) Any Dependency Service	3%	4%	4%	4%	5%
(b) Inpatient Dependency Services	0%	1%	0%	1%	1%
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	0%	0%	0%	0%	0%
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	2%	2%	2%	3%	2%
(e) Emergency Department Dependency Services	0%	0%	1%	0%	1%
(f) Telehealth Dependency Services	1%	1%	1%	1%	1%

Mental Health Measures / Usage - Health Maintenance Organizations

Follow-up After Emergency Department Visit for Mental Illness

The percentage of emergency department (ED) visits between January 1 and December 1, 2021, where the members was 6 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of mental illness or intentional self-harm, with a follow-up visit for mental illness

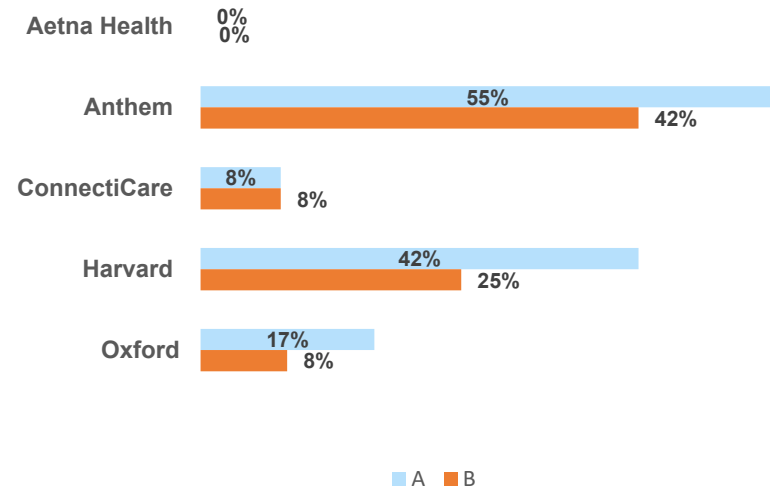
- (A) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 30 days after the ED visit
- (B) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental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



Follow-up After Emergency Department Visit for Substance Use

The percentage of emergency department (ED) visits between January 1 and December 1, 2021, where the members was 13 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose with a follow-up visit

- (A) who had a follow-up visit or pharmacotherapy dispensing event on or within 30 days after the ED visit.
- (B) who had a follow-up visit or pharmacotherapy dispensing event on or within 7 days after the ED visit

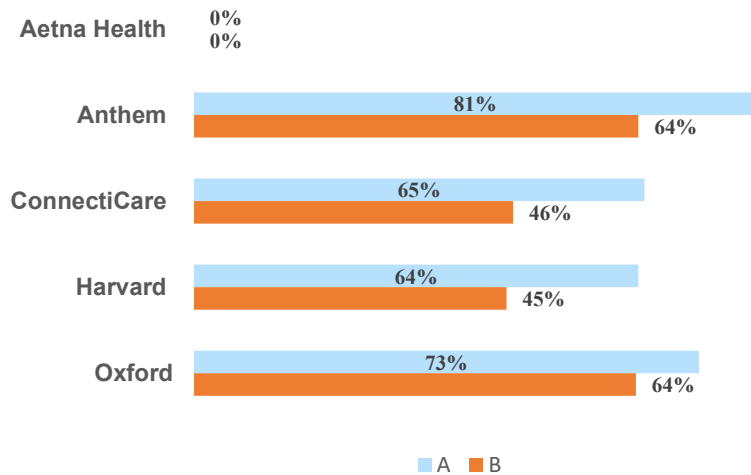


Mental Health Measures / Usage - Health Maintenance Organizations

Follow-up After Hospitalization for Mental Health

The percentage of discharges for members 6 years of age and older as of the discharge date, who were continuously enrolled from the date of discharge through 30 days after discharge, who had an acute care inpatient discharge with a principal diagnosis of mental illness or intentional self-harm diagnosis, with a discharge date on or between January 1, and December 1, 2021.

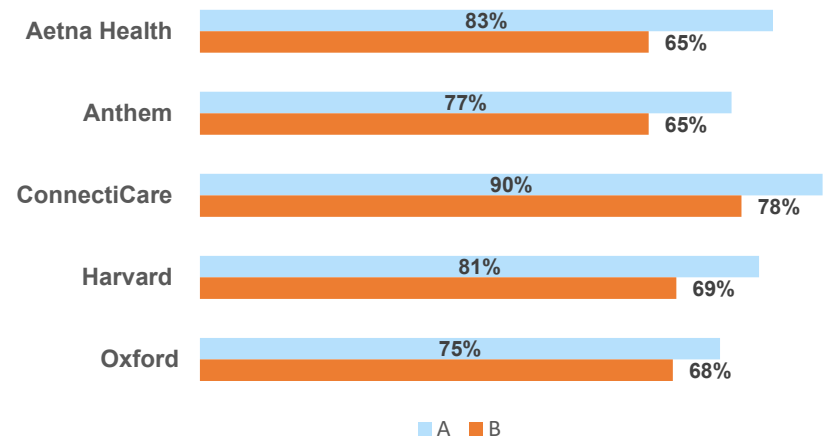
- (A) who had a follow-up visit with a mental health provider within 30 days after the hospital discharge.
- (B) who had a follow-up visit with a mental health provider within 7 days after the hospital discharge.



Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2021, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, who were not taking an antidepressant medication 105 days prior to the IPSD, who were diagnosed with a new episode of depression during the 121-day period from 60 days prior to IPSD, through 60 days after IPSD, and treated with antidepressant medication, who met at least one of the following criteria during the intake period. * An outpatient visit, ED visit, telehealth visit, intensive outpatient or partial hospitalization setting with any diagnosis of major depression; or an acute or non-acute inpatient stay or community mental health center visit with any diagnosis of major depression.

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



Mental Health Measures / Usage - Indemnity Managed Care Organizations

Mental Health Utilization - Percentage by Level of Care	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Report the total number of members who received care								
(a) Any Mental Health Service	45,487	85,176	47,134	9,160	6,159	1,867	7,835	26,403
(b) Inpatient Mental Health Services	650	1,333	633	131	75	27	119	385
(c) Intensive Outpatient or Partial Hospitalization Health Services	681	1,282	842	146	113	50	91	411
(d) Outpatient	19,991	38,404	21,283	3,734	2,577	748	3,224	13,843
(e) Emergency Department Health Services	636	361	350	111	88	29	48	231
(f) Telehealth Mental Health Services	23,529	43,796	24,026	5,038	3,306	1,013	4,353	11,533
Report the percentage of total membership who received the respective service								
(a) Any Mental Health Service	12%	15%	17%	12%	14%	12%	15%	49%
(b) Inpatient Mental Health Services	0%	0%	0%	0%	0%	0%	0%	1%
(c) Intensive Outpatient or Partial Hospitalization Health Services	0%	0%	0%	0%	0%	0%	0%	1%
(d) Outpatient	7%	7%	8%	5%	6%	6%	6%	26%
(e) Emergency Department Health Services	0%	0%	0%	0%	0%	0%	0%	0%
(f) Telehealth Mental Health Services	8%	8%	9%	7%	8%	9%	8%	21%

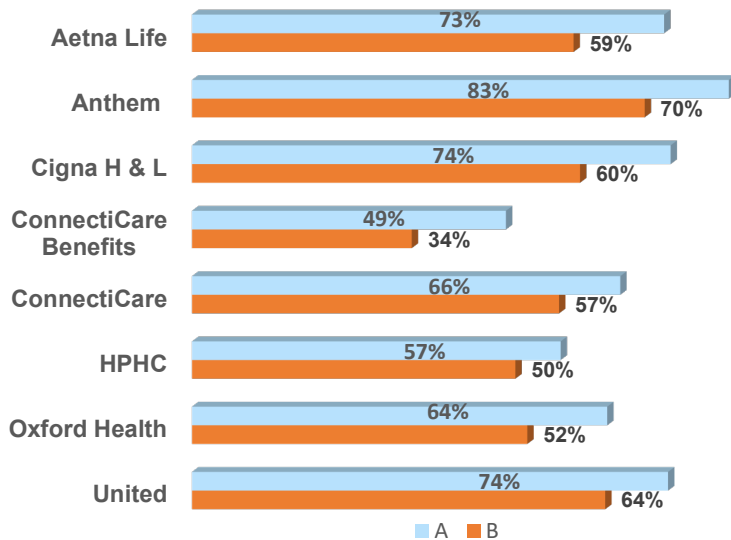
Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Report the total number of members who received care								
(a) Any Dependency Service	5,206	12,683	5,742	3,693	1,719	491	1,962	2,566
(b) Inpatient Dependency Services	517	1,289	570	400	189	68	196	286
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	204	686	310	168	78	25	81	78
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	2,426	6,299	765	1,885	866	214	1,008	1,345
(e) Emergency Department Dependency Services	866	1,534	2,874	460	224	69	252	308
(f) Telehealth Dependency Services	1,193	2,875	1,223	780	362	115	425	549
Report the percentage of total membership who received the respective service								
(a) Any Dependency Service	2%	3%	100%	5%	4%	3%	4%	5%
(b) Inpatient Dependency Services	0%	0%	10%	1%	0%	1%	0%	1%
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	14%	0%	5%	0%	0%	0%	0%	0%
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	2%	2%	13%	2%	2%	2%	2%	2%
(e) Emergency Department Dependency Services	1%	0%	50%	1%	1%	1%	0%	1%
(f) Telehealth Dependency Services	1%	1%	21%	1%	1%	1%	1%	1%

Mental Health Measures / Usage - Indemnity Managed Care Organizations

Follow-up After Emergency Department Visit for Mental Illness

The percentage of emergency department (ED) visits between January 1 and December 1, 2021, where the members was 6 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of mental illness or intentional self-harm, with a follow-up visit for mental illness

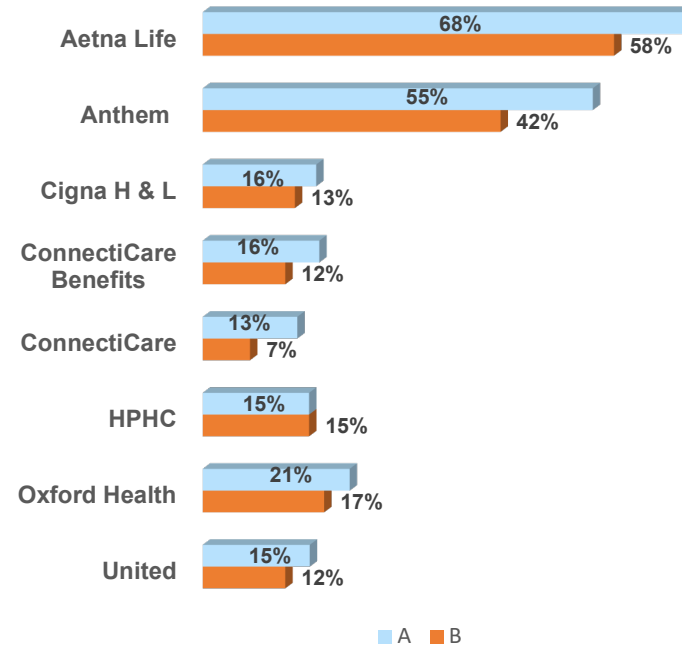
- (A) who had a follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 30 days after the ED visit.
- (B) who had a follow-up visit with any practitioner, with a principal diagnosis of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



Follow-up After Emergency Department Visit for Substance Use

The percentage of emergency department (ED) visits between January 1 and December 1, 2021, where the members was 13 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose with a follow-up visit

- (A) who had a follow-up visit or a pharmacotherapy dispensing event on or within 30 days after the ED visit.
- (B) who had a follow-up visit or a pharmacotherapy dispensing event on or within 7 days after the ED visit.

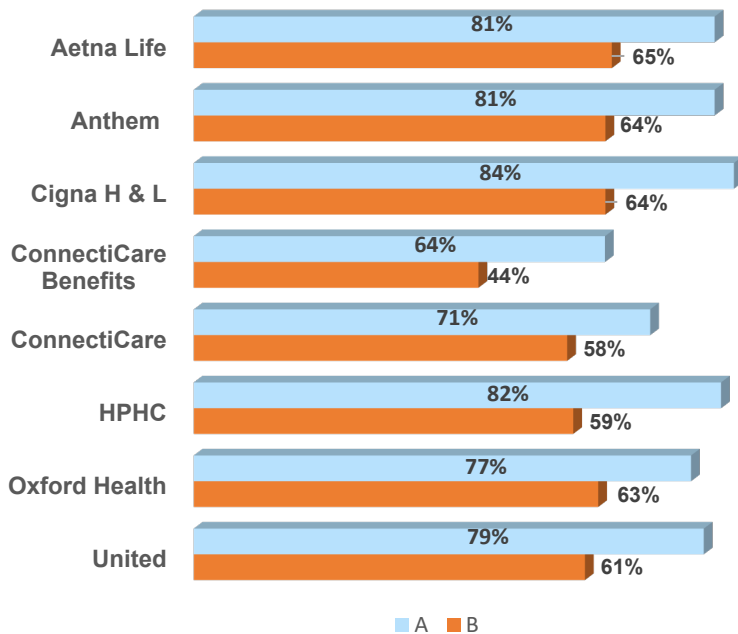


Mental Health Measures / Usage - Indemnity Managed Care Organizations

Follow-up After Hospitalization for Mental Health

The percentage of discharges for members 6 years of age and older as of the discharge date, who were continuously enrolled from the date of discharge through 30 days after discharge, who had an acute care inpatient discharge with a principal diagnosis of mental illness or intentional self-harm diagnosis, with a discharge date on or between January 1, and December 1, 2021.

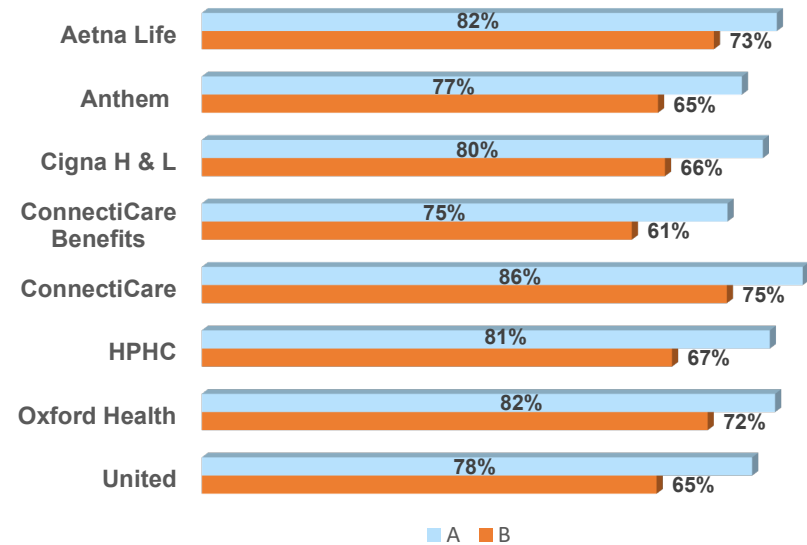
- (A) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.
- (B) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.



Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2021, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, who were not taking an antidepressant medication 105 days prior to the IPSD, who were diagnosed with a new episode of depression during the 121-day period from 60 days prior to IPSD, through 60 days after IPSD, and treated with antidepressant medication, who met at least one of the following criteria during the intake period. * An outpatient visit, ED visit, telehealth visit, intensive outpatient or partial hospitalization setting with any diagnosis of major depression; or an acute or non-acute inpatient stay or community mental health center visit with any diagnosis of major depression.

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



HMO - Claim Reporting - Expenses

Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2021 through Dec. 31, 2021, for each of the following.	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Mental Health					
(a) Inpatient	\$0.00	\$7.81	\$2.69	\$3.44	\$3.67
(b) Outpatient	\$17.58	\$18.79	\$6.72	\$9.33	\$18.98
Total in column	\$17.58	\$26.60	\$9.41	\$12.77	\$22.65
Substance Abuse or Dependency					
(a) Inpatient	\$0.00	\$1.83	\$0.17	\$2.72	\$3.52
(b) Outpatient	\$0.00	\$3.02	\$0.21	\$0.88	\$4.25
Total in column	\$0.00	\$4.85	\$0.38	\$3.60	\$7.77
Medical					
(a) Inpatient	\$39.22	\$114.89	\$115.35	\$119.11	\$139.54
(b) Outpatient	\$461.96	\$280.41	\$329.86	\$323.51	\$330.43
Total in column	\$501.18	\$395.30	\$445.21	\$442.62	\$469.97
Total All Claims (sum of above categories)					
(a) Inpatient	\$39.22	\$124.53	\$118.21	\$125.27	\$146.73
(b) Outpatient	\$479.54	\$302.22	\$336.79	\$333.72	\$353.66
Total in column	\$518.76	\$426.75	\$455.00	\$458.99	\$500.39

HMO - Claim Reporting - Claim Denial Data

	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
The total number of claims received for the period.	1,984	45,753	246,937	89,657	264,740
1) Provide the number of denials of the total in each of the following:					
(a) "not a covered benefit"	34	27	12,053	469	18,655
(b) "not medically necessary"	0	62	357	401	7
(c) "not an eligible enrollee/dependent"	465	531	24,623	1	5,963
(d) "incomplete submission"	270	5,131	5,575	538	1,801
(e) "duplicate submission"	19	2,190	38,951	1,720	7,134
(f) "all other miscellaneous"	110	7,439	150,703	9,205	16,366
2) Provide the denials as a percent of the total claims for the following:					
(a) "not a covered benefit"	1.71%	0.06%	4.88%	0.52%	7.05%
(b) "not medically necessary"	0.00%	0.14%	0.14%	0.45%	0.00%
(c) "not an eligible enrollee/dependent"	23.44%	1.16%	9.97%	0.00%	2.25%
(d) "incomplete submission"	13.61%	11.21%	2.26%	0.60%	0.68%
(e) "duplicate submission"	0.96%	4.79%	15.77%	1.92%	2.69%
(f) "all other miscellaneous"	5.54%	16.26%	61.03%	10.27%	6.18%

HMO Claim Reporting

Claim Denial Data (continued)

	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
3) Provide the number of internal appeals of denials in each of the following:					
(a) "not a covered benefit"	1	9	71	15	1
(b) "not medically necessary"	0	5	65	31	1
(c) "not an eligible enrollee/dependent"	0	4	0	0	0
(d) "incomplete submission"	0	0	64	0	4
(e) "duplicate submission"	0	0	6	0	0
(f) "all other miscellaneous"	2	200	612	0	30
4) Provide the internal appeals as a percent of the total claims for the following:					
(a) "not a covered benefit"	0.05%	0.02%	0.03%	0.02%	0.00%
(b) "not medically necessary"	0.00%	0.01%	0.03%	0.03%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.01%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.03%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.10%	0.44%	0.25%	0.00%	0.01%
5) Provide the number of internal appeals reversed on appeal in each of the following:					
(a) "not a covered benefit"	1	1	48	2	0
(b) "not medically necessary"	0	2	38	19	0
(c) "not an eligible enrollee/dependent"	0	1	0	0	0
(d) "incomplete submission"	0	0	39	0	4
(e) "duplicate submission"	0	0	6	0	0
(f) "all other miscellaneous"	1	48	477	0	4
6) Provide the reversed appeals as a percent of the total claims for the following:					
(a) "not a covered benefit"	0.05%	0.00%	0.02%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.02%	0.02%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.02%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.05%	0.10%	0.19%	0.00%	0.00%

Indemnity - Claim Reporting Expenses

Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2021 through Dec. 31, 2021, for each of the following.	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Mental Health								
(a) Inpatient	\$5.11	\$6.72	\$3.27	\$2.11	\$2.05	\$6.53	\$5.90	\$1.14
(b) Outpatient	\$10.44	\$16.41	\$14.83	\$4.99	\$6.30	\$10.19	\$24.35	\$5.64
Total in column	\$15.55	\$23.13	\$18.10	\$7.10	\$8.35	\$16.72	\$30.25	\$6.78
Substance Abuse or Dependency								
(a) Inpatient	\$1.32	\$3.68	\$4.25	\$0.73	\$0.41	\$2.64	\$4.44	\$1.71
(b) Outpatient	\$0.98	\$3.27	\$2.07	\$0.27	\$0.24	\$1.36	\$3.70	\$1.86
Total in column	\$2.30	\$6.95	\$6.32	\$1.00	\$0.65	\$4.00	\$8.14	\$3.57
Medical								
(a) Inpatient	\$69.06	\$120.75	\$121.70	\$149.52	\$145.06	\$97.02	\$118.26	\$123.77
(b) Outpatient	\$197.53	\$364.25	\$274.51	\$305.57	\$335.29	\$365.73	\$380.75	\$384.97
Total in column	\$266.59	\$485.00	\$396.21	\$455.09	\$480.35	\$462.75	\$499.01	\$508.74
Total All Claims (sum of above categories)								
(a) Inpatient	\$75.49	\$131.15	\$129.22	\$152.36	\$147.52	\$106.19	\$128.60	\$126.62
(b) Outpatient	\$208.95	\$383.93	\$291.41	\$310.83	\$341.83	\$377.28	\$408.80	\$392.47
Total in column	\$284.44	\$515.08	\$420.63	\$463.19	\$489.35	\$483.47	\$537.40	\$519.09

Claim Denial Data	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
The total number of claims received for the period.	709,612	1,484,704	846,719	792,411	596,344	174,298	2,244,431	1,079,544
1) Provide the number of denials of the total in each of the following:								
(a) "not a covered benefit"	105,934	2,329	28,646	41,349	28,425	846	94,250	3,596
(b) "not medically necessary"	13	937	9,566	804	392	767	100	14,503
(c) "not an eligible enrollee/dependent"	21,325	38,560	3,902	70,591	55,698	8	21,519	6,009
(d) "incomplete submission"	23,139	45,316	87,506	15,286	170,158	1,000	4,470	3,641
(e) "duplicate submission"	5,153	32,084	784	129,357	98,338	4,345	74,998	9,781
(f) "all other miscellaneous"	78,072	63,328	10,732	417,689	349,664	15,565	159,683	47,766
2) Provide the denials as a percent of the total claims for the following:								
(a) "not a covered benefit"	14.93%	0.16%	3.38%	5.22%	4.77%	0.49%	4.20%	0.33%
(b) "not medically necessary"	0.00%	0.06%	1.13%	0.10%	0.07%	0.44%	0.00%	1.34%
(c) "not an eligible enrollee/dependent"	3.01%	2.60%	0.46%	8.91%	9.34%	0.00%	0.96%	0.56%
(d) "incomplete submission"	3.26%	3.05%	10.33%	1.93%	28.53%	0.57%	0.20%	0.34%
(e) "duplicate submission"	0.73%	2.16%	0.09%	16.32%	16.49%	2.49%	3.34%	0.91%
(f) "all other miscellaneous"	11.00%	4.27%	1.27%	52.71%	58.63%	8.93%	7.11%	4.42%

Indemnity - Claim Reporting

Claim Denial Data (continued)

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
3) Provide the number of internal appeals of denials in each of the following:								
(a) "not a covered benefit"	8	24	0	407	281	13	13	42
(b) "not medically necessary"	2	23	935	262	204	77	26	35
(c) "not an eligible enrollee/dependent"	0	7	0	10	10	0	53	6
(d) "incomplete submission"	0	0	0	294	225	0	38	25
(e) "duplicate submission"	0	0	0	4	2	0	1	0
(f) "all other miscellaneous"	44	421	61	2,794	1,959	0	329	144
4) Provide the internal appeals as a percent of the total claims for the following:								
(a) "not a covered benefit"	0.00%	0.00%	0.00%	0.05%	0.05%	0.01%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.11%	0.03%	0.03%	0.04%	0.00%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.04%	0.04%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.01%	0.03%	0.01%	0.35%	0.33%	0.00%	0.01%	0.01%
5) Provide the number of internal appeals reversed on appeal in each of the following:								
(a) "not a covered benefit"	0	11	0	263	177	2	3	12
(b) "not medically necessary"	0	3	436	119	113	45	2	1
(c) "not an eligible enrollee/dependent"	0	2	0	5	6	0	27	1
(d) "incomplete submission"	0	0	0	204	142	0	36	25
(e) "duplicate submission"	0	0	0	4	2	0	1	0
(f) "all other miscellaneous"	12	100	57	2,142	1,381	0	85	25
6) Provide the reversed appeals as a percent of the total claims for the following:								
(a) "not a covered benefit"	0.00%	0.00%	0.00%	0.03%	0.03%	0.00%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.05%	0.02%	0.02%	0.03%	0.00%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.03%	0.02%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.01%	0.01%	0.27%	0.23%	0.00%	0.00%	0.00%

Federal Medical Loss Ratio by Carrier

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

HMO	Individual Market - 80%	Small Group Market - 80%	Large Group Market - 85%
	Individual	Small Group	Large Group
Aetna Health	NA	NR	NR
Anthem	88.00%	79.90%	93.70%
ConnectiCare	91.28%	NR	86.12%
Harvard	NA	98.40%	105.10%
Oxford	NA	102.10%	91.10%

Indemnity	Individual	Small Group	Large Group
	Aetna Life	NA	88.10%
Anthem	88.00%	79.90%	93.70%
CIGNA H & L	43507.50%	116.60%	93.10%
ConnectiCare Benefits	87.27%	91.25%	NA
ConnectiCare	80.25%	84.05%	89.21%
HPHC	NA	93.90%	96.50%
Oxford Health	NA	89.30%	87.40%
United	185.40%	90.90%	87.80%

Note:

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

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

Additional Companies not Included in this Report

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

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

Cigna HealthCare of Connecticut, Inc.

900 Cottage Grove Road Hartford, CT 06152

Connecticut General Life Insurance Company

900 Cottage Grove Road Hartford, CT 06152

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

Help & Additional Information

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

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