



**Consumer Report Card**  
On Health Insurance Carriers  
In Connecticut  
**October 2023**



Dear Valued Health Insurance Customer,

Selecting the right health insurance plan from the many choices available is a crucial but often intimidating task. That is why each year, the Connecticut Insurance Department (CID) puts together the Consumer Report Card. This Report Card serves as a resource to assist you in making an informed decision that aligns with the healthcare needs of you and your family.

In creating the Consumer Report Card, CID annually conducts a comprehensive assessment, comparing Health Maintenance Organizations, commonly referred to as HMOs, along with up to 15 insurers with the highest premium volume in Connecticut, offering Managed Care Plans. We also compile insights gathered from customer surveys, reflecting the overall satisfaction levels of plan members.

Additionally, the Report Card provides data on provider networks organized by county, alongside a variety of quality measures, including things like breast cancer screening, keeping high blood pressure in check, prenatal care, childhood immunizations, and more.

To help with your decision-making process, we have included a user-friendly worksheet outlining the criteria that CID deems most important when selecting a health plan. I strongly encourage you to work with your insurer or independent agent to ensure that you select the plan that matches your specific requirements.

Connecticut residents have a wide range of health insurance choices, each with different benefits and costs influenced by various factors. The CID is responsible for regulating the insurance industry and provides you with accurate and unbiased information.

By carefully going through this report card and filling out the worksheet diligently, you will be well-prepared to select the best insurance plan and provider for you and your family.

Warm regards,

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	35
Behavioral Health Utilization Review Data	
HMOs	44
Indemnity Carriers	47
Mental Health Measures / Members Usage	
HMOs	52
Indemnity Carriers	55
Claim Reporting	
HMOs	58
Indemnity Carriers	60
Medical Loss Ratio by Carrier	62
Where to Find Help or Additional Information	63

---

## Frequently Asked Questions

The information in this Report Card is based on data provided by the MCOs as of year-end 2022. 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](http://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 a plan 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 are 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
<b>Carrier Name</b>				
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	Phone	Markets to Individuals	NCQA Accreditation
<b>Aetna Health</b>	Aetna Health Inc.	1-800-445-5299	No	Accredited
<b>Anthem</b>	Anthem Health Plans, Inc.	multiple numbers based on the market	Yes	Accredited
<b>Cigna</b>	Cigna HealthCare of Connecticut, Inc.	1-800-244-6224	No	Accredited
<b>ConnectiCare</b>	ConnectiCare, Inc.	1-800-251-7722 (Toll-free); (860) 674-5757 (Local)	Yes	Accredited
<b>Harvard *</b>	Harvard Pilgrim Health Care	1-888-333-4742	No	Not Applicable
<b>Oxford</b>	Oxford Health Plans (CT), Inc.	1-800-666-1353	No	Accredited

### Indemnity

Abbreviated Name	Company Name	Phone	Markets to Individuals	NCQA Accreditation
<b>Aetna Life</b>	Aetna Life Insurance Company	1-800-962-6842	No	Accredited
<b>Anthem</b>	Anthem Health Plans, Inc.	multiple numbers based on the market	Yes	Accredited
<b>Cigna H &amp; L</b>	Cigna Health and Life Insurance Company	1-800-244-6224	No	Accredited
<b>ConnectiCare Benefits</b>	ConnectiCare Benefits, Inc.	1-800-251-7722 (Toll-free); (860) 674-5757 (Local)	Yes	Accredited
<b>ConnectiCare</b>	ConnectiCare Insurance Company, Inc.	1-800-251-7722 (Toll-free); (860) 674-5757 (Local)	Yes	Accredited
<b>CT General</b>	Connecticut General Life Insurance Company	1-800-244-6224	No	Not Applicable
<b>HPHC *</b>	HPHC Insurance Company	1-888-333-4742	No	Accredited
<b>Oxford Health</b>	Oxford Health Insurance, Inc.	1-800-666-1353	No	Accredited
<b>United</b>	UnitedHealthcare Insurance Company	1-800-666-1353	No	Accredited

*\*We have included Harvard Pilgrim and HPHC Insurance data, even though they have ceased selling plans and will exit the Connecticut market at the end of 2023. Note: Some companies may be servicing existing business and not currently issuing new business.*

Websites for Individual & Family Health Insurance:

[www.anthem.com](http://www.anthem.com)    [www.connecticare.com](http://www.connecticare.com)    [www.accesshealthct.com](http://www.accesshealthct.com)

For Employer Health Plans: Discuss your options with your employer or an Insurance Agent.

## Managed Care Organizations - 2022 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
<b>HMO</b>									
Aetna Health	0	1	86	0	0	0	0	1	86
Anthem	13,138	420	2,386	0	156	218,589	13,138	576	220,975
Cigna	0	0	5	0	0	0	0	0	5
ConnectiCare	1,910	204	5,894	0	0	0	1,910	204	5,894
Harvard	0	1,305	1,249	0	0	0	0	1,305	1,249
Oxford	0	1,487	34	0	0	0	0	1,487	34
<b>Totals</b>	<b>15,048</b>	<b>3,417</b>	<b>9,654</b>	<b>0</b>	<b>156</b>	<b>218,589</b>	<b>15,048</b>	<b>3,573</b>	<b>228,243</b>

	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
<b>INDEMNITY</b>									
Aetna Life	0	1,586	47,959	0	12,402	203,068	0	13,988	251,027
Anthem	16,171	25,165	56,177	0	10,745	707,260	16,171	35,910	763,437
Cigna H & L	0	20,185	53,360	0	1,518	256,037	0	21,703	309,397
ConnectiCare Benefits	69,092	3,110	0	0	0	0	69,092	3,110	0
ConnectiCare	10,340	12,292	32,330	0	6,756	3,996	10,340	19,048	36,326
CT General	16	0	0	0	0	0	16	0	0
HPHC	0	1,654	3,208	0	0	0	0	1,654	3,208
Oxford Health	0	27,933	9,600	0	0	0	0	27,933	9,600
United	0	2,326	65,734	0	0	0	0	2,326	65,734
<b>Totals</b>	<b>95,619</b>	<b>94,251</b>	<b>268,368</b>	<b>0</b>	<b>31,421</b>	<b>1,170,361</b>	<b>95,619</b>	<b>125,672</b>	<b>1,438,729</b>

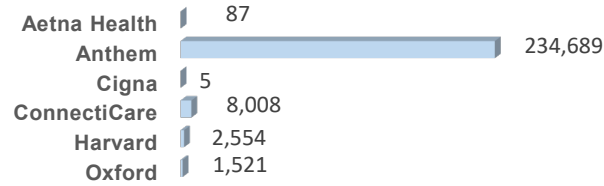
\*Fully Insured plans do not include government sponsored plans.

\*\*Other Enrollment represents self-insured plans.

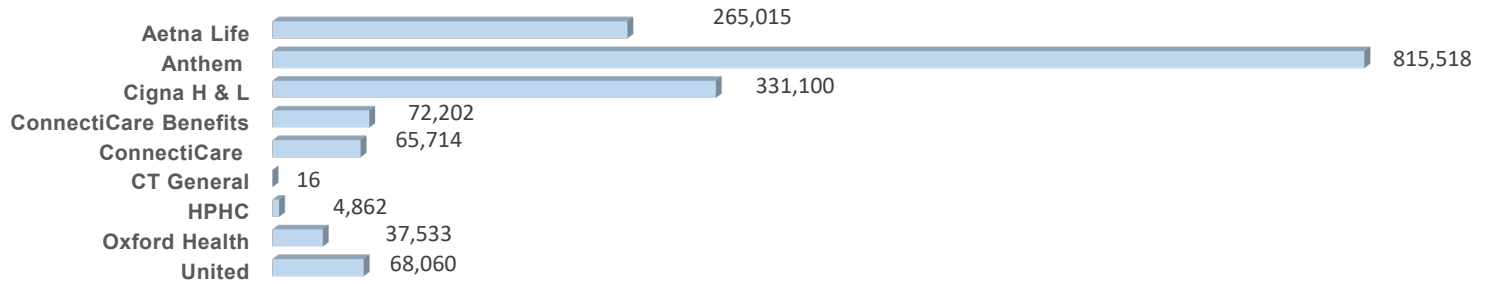


## Managed Care Organizations - 2022 Enrollment

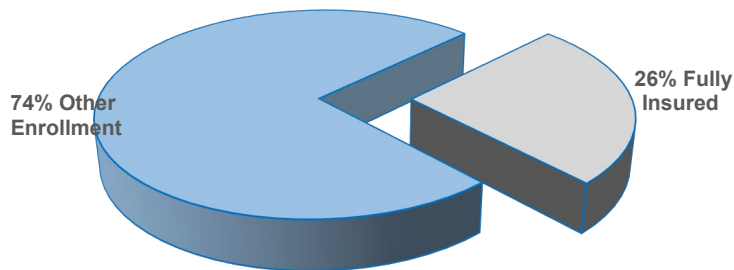
### HMO



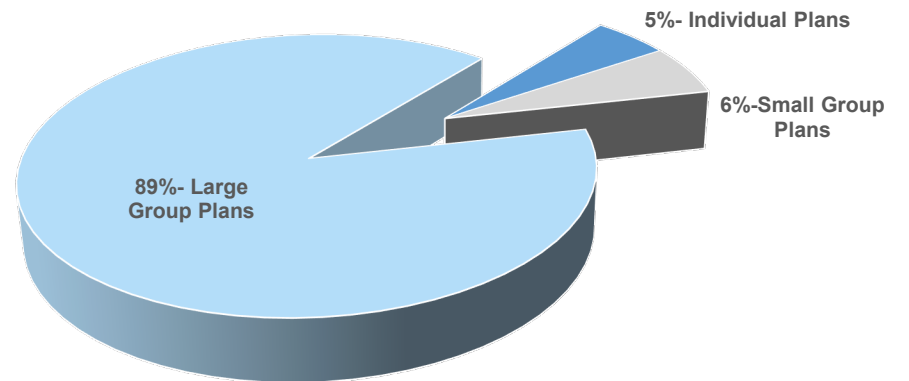
### Indemnity



**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%	25.0%	75.0%
Anthem	2.3%	16.5%	81.2%
Cigna	3.2%	28.3%	68.5%
ConnectiCare	0.0%	40.0%	60.0%
Harvard	0.0%	65.0%	35.0%
Oxford	5.8%	42.6%	51.6%

Indemnity	0 - 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna Life	4.3%	40.7%	55.0%
Anthem	4.4%	33.8%	61.8%
Cigna H & L	3.5%	35.4%	61.1%
ConnectiCare Benefits	7.8%	36.5%	55.7%
ConnectiCare	7.1%	34.4%	58.6%
CT General	0.0%	0.0%	0.0%
HPHC	8.0%	42.0%	50.0%
Oxford Health	7.6%	40.1%	52.3%
United	3.4%	32.8%	63.8%

## Member Satisfaction Survey – HMO

		Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.		100%	8%	100%	3%	20%	100%
Percentage of those surveyed who responded		5%	21%	11%	8%	4%	8%
<b>Q1)</b> In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	0.0%	2.5%	5.0%	0.0%	8.0%	2.5%
	Sometimes	50.0%	13.6%	16.0%	30.0%	15.0%	20.3%
	Usually	0.0%	39.5%	34.5%	50.0%	23.0%	35.4%
	Always	50.0%	44.4%	44.5%	20.0%	54.0%	41.8%
<b>Q2)</b> In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Never	0.0%	0.6%	2.9%	10.0%	6.0%	3.2%
	Sometimes	0.0%	15.4%	20.9%	40.0%	18.0%	16.0%
	Usually	0.0%	37.0%	39.6%	0.0%	41.0%	33.0%
	Always	100.0%	47.0%	36.6%	50.0%	35.0%	47.9%
<b>Q3)</b> 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%	2.3%	0.0%	0.0%	0.0%	0.0%
	Sometimes	0.0%	9.2%	0.0%	0.0%	20.0%	8.5%
	Usually	0.0%	32.2%	0.0%	16.7%	40.0%	29.8%
	Always	100.0%	56.3%	0.0%	83.3%	40.0%	61.7%
<b>Q4)</b> In the last 12 months, how often was it easy to get care, tests or treatment, you needed?	Never	0.0%	0.5%	1.4%	0.0%	0.0%	1.0%
	Sometimes	0.0%	11.2%	11.3%	25.0%	11.0%	20.0%
	Usually	0.0%	36.7%	43.7%	33.3%	42.0%	36.2%
	Always	100.0%	51.6%	43.6%	41.7%	47.0%	42.9%
<b>Q5)</b> 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%	3.8%	0.0%	0.0%	0.0%	1.9%
	Sometimes	100.0%	15.2%	10.5%	40.0%	0.0%	31.5%
	Usually	0.0%	29.1%	29.8%	20.0%	33.0%	25.9%
	Always	0.0%	51.9%	59.7%	40.0%	67.0%	40.7%

## Member Satisfaction Survey – Indemnity

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.	100%	7%	2%	2%	5%	0%	23%	7%	3%
Percentage of those surveyed who responded	11%	19%	15%	14%	9%	0%	8%	8%	10%

Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	6.9%	3.7%	1.9%	11.3%	3.1%	0.0%	2.0%	8.0%	3.9%
	Sometimes	12.9%	26.8%	21.7%	21.9%	23.8%	0.0%	12.0%	22.0%	14.8%
	Usually	31.7%	35.4%	34.2%	30.6%	27.1%	0.0%	41.0%	37.0%	35.2%
	Always	48.5%	34.1%	42.2%	36.3%	46.0%	0.0%	45.0%	33.0%	46.1%

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	4.2%	5.1%	5.2%	7.2%	5.4%	0.0%	5.0%	2.0%	4.5%
	Sometimes	19.5%	24.0%	15.1%	18.0%	20.3%	0.0%	16.0%	28.0%	25.0%
	Usually	26.3%	31.3%	35.4%	28.4%	33.5%	0.0%	28.0%	32.0%	27.3%
	Always	50.0%	39.6%	44.3%	46.4%	40.8%	0.0%	51.0%	38.0%	43.2%

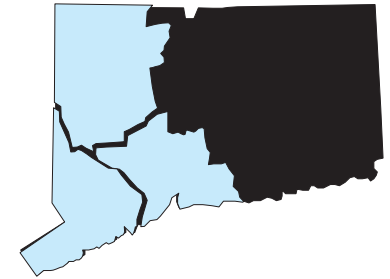
Q3) In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Never	3.6%	0.0%	2.5%	9.9%	0.7%	0.0%	5.0%	3.0%	1.6%
	Sometimes	16.4%	22.9%	13.8%	18.4%	21.0%	0.0%	21.0%	14.0%	15.9%
	Usually	21.8%	25.0%	27.5%	26.2%	22.7%	0.0%	23.0%	28.0%	31.7%
	Always	58.2%	52.1%	56.2%	45.4%	55.6%	0.0%	51.0%	55.0%	50.8%

Q4) In the last 12 months, how often was it easy to get care, tests or treatment, you needed?	Never	3.3%	2.9%	1.1%	3.1%	4.7%	0.0%	3.0%	4.0%	2.1%
	Sometimes	13.3%	12.3%	12.9%	17.8%	19.3%	0.0%	19.0%	15.0%	12.4%
	Usually	34.2%	43.8%	46.8%	30.9%	33.0%	0.0%	36.0%	39.0%	41.4%
	Always	49.2%	41.0%	39.2%	48.2%	43.0%	0.0%	42.0%	42.0%	44.1%

Q5) In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	4.7%	6.5%	8.8%	10.7%	3.7%	0.0%	4.0%	4.0%	0.0%
	Sometimes	20.9%	16.1%	23.8%	21.3%	20.8%	0.0%	18.0%	20.0%	22.0%
	Usually	32.6%	29.0%	35.0%	15.3%	30.9%	0.0%	46.0%	37.0%	39.0%
	Always	41.9%	48.4%	32.4%	52.7%	44.6%	0.0%	32.0%	39.0%	39.0%

## 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
<b>Aetna Health</b>	1,330	3,066	6	153	1,619	3,734	5	181	234	732	3	38
<b>Anthem</b>	1,076	2,218	6	153	1,135	2,810	6	182	121	163	2	38
<b>Cigna</b>	1,459	4,985	6	163	1,662	5,517	6	188	312	825	2	35
<b>ConnectiCare</b>	1,383	3,227	6	162	1,602	2,987	6	187	272	1,012	2	40
<b>Harvard</b>	689	3,454	6	171	764	6,268	6	203	86	438	2	40
<b>Oxford</b>	1,055	2,369	6	170	1,195	3,368	6	194	227	582	3	39

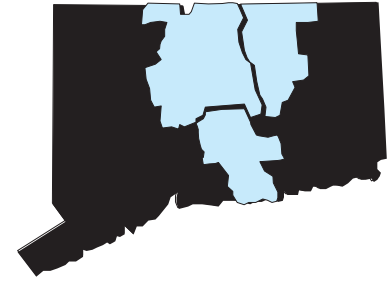
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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
<b>Aetna Health</b>	1,354	3,123	7	172	139	604	2	23	249	636	1	37
<b>Anthem</b>	1,197	2,518	6	174	107	76	3	23	199	200	1	37
<b>Cigna</b>	1,424	5,272	7	179	137	647	2	24	283	806	1	37
<b>ConnectiCare</b>	1,587	4,941	7	176	186	724	2	24	298	604	1	38
<b>Harvard</b>	1,056	8,859	7	190	52	284	2	24	104	433	1	42
<b>Oxford</b>	1,047	2,379	6	183	119	340	2	23	173	444	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.

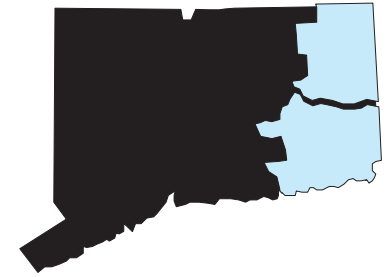
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each HMO provider network in Hartford, Tolland, and Middlesex counties. If an individual physician practices in more than one office, the physician is only counted once. Physicians who practice 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	303	798	2	49	151	420	2	24	5,379	13,113	28	677
Anthem	263	442	2	48	108	127	2	23	4,206	8,554	28	678
Cigna	388	1,382	2	54	241	562	2	23	5,906	19,996	28	703
ConnectiCare	354	1,003	2	54	162	628	2	23	5,844	15,126	28	704
Harvard	175	1,074	2	62	76	259	2	25	3,002	21,069	28	757
Oxford	287	757	2	54	147	372	2	24	4,250	10,611	28	727

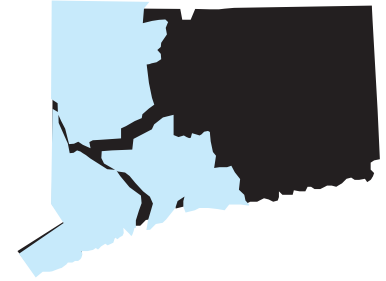
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/ GYN physicians are not considered to be primary care physicians for this tabulation.

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	1,330	3,066	6	153	1,619	3,734	5	181	234	732	3	38
Anthem	1,085	2,231	6	153	1,140	2,817	6	182	121	163	2	38
Cigna H & L	1,297	4,582	6	163	1,506	5,099	6	188	271	739	2	40
ConnectiCare Benefits	1,379	3,174	6	162	1,571	2,974	6	187	270	1,008	2	40
ConnectiCare	1,383	3,227	6	162	1,602	2,987	6	187	272	1,012	2	40
CT General	1,297	4,582	6	163	1,506	5,099	6	188	271	739	2	40
HPHC	689	3,454	6	171	764	6,268	6	203	86	438	2	40
Oxford Health	1,055	2,369	6	170	1,195	3,368	6	194	227	582	3	39
United	1,055	2,369	6	170	1,195	3,368	6	194	227	582	3	39

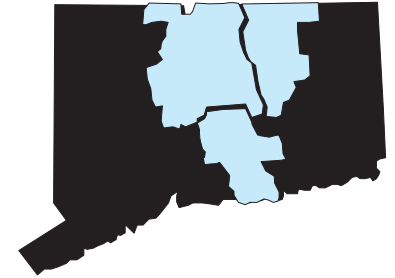
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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	1,354	3,123	7	172	139	604	2	23	249	636	1	37
Anthem	1,199	2,534	6	174	107	76	3	23	199	201	1	37
Cigna H & L	1,325	4,929	7	179	128	593	2	24	261	750	1	37
ConnectiCare Benefits	1,581	4,825	7	176	185	713	2	24	298	583	1	38
ConnectiCare	1,587	4,941	7	176	186	724	2	24	298	604	1	38
CT General	1,325	4,929	7	179	128	593	2	24	261	750	1	37
HPHC	1,056	8,859	7	190	52	284	2	24	104	433	1	42
Oxford Health	1,047	2,379	6	183	119	340	2	23	173	444	1	40
United	1,047	2,379	6	183	119	340	2	23	173	444	1	40

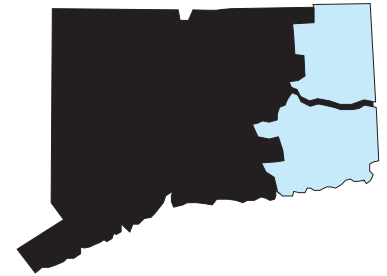
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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	303	798	2	49	151	420	2	24	5,379	13,113	28	677
Anthem	264	445	2	48	110	128	2	23	4,225	8,595	28	678
Cigna H & L	325	1,293	2	54	203	510	2	23	5,316	18,495	28	708
ConnectiCare Benefits	354	951	2	54	162	618	2	23	5,800	14,846	28	704
ConnectiCare	354	1,003	2	54	162	628	2	23	5,844	15,126	28	704
CT General	325	1,293	2	54	203	510	2	23	5,316	18,495	28	708
HPHC	175	1,074	2	62	76	259	2	25	3,002	21,069	28	757
Oxford Health	287	757	2	54	147	372	2	24	4,250	10,611	28	727
United	287	757	2	54	147	372	2	24	4,250	10,611	28	727

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.

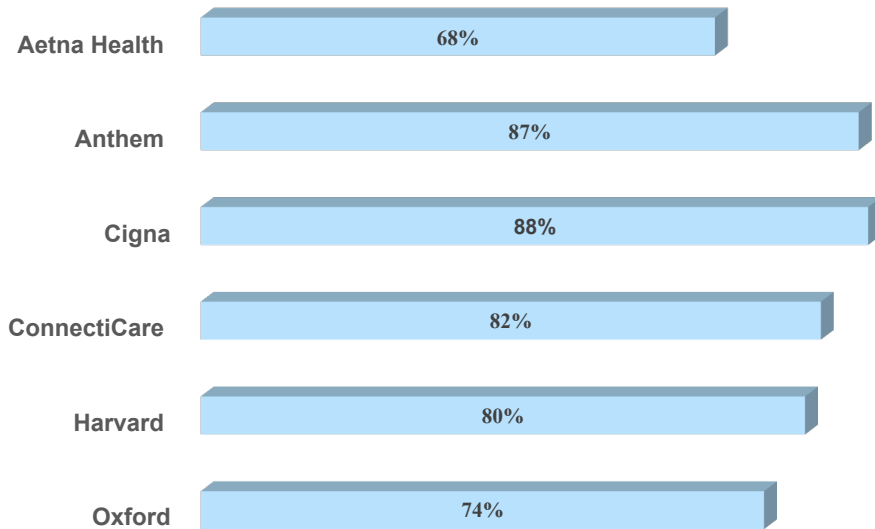
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more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

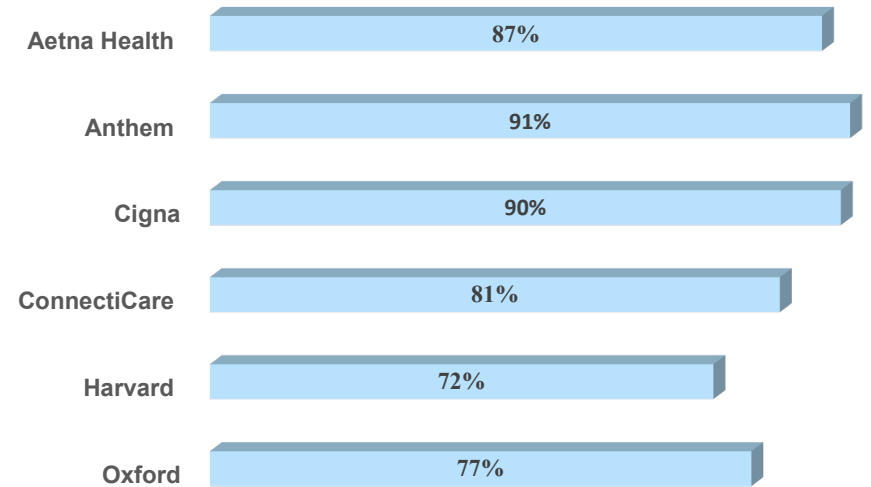
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2022; and (b) were continuously enrolled from October 1, 2020, through December 31, 2022; and (c) had 1 or more mammogram between October 1, 2020, and December 31, 2022.



### Cervical Cancer Screening

The percentage of enrolled women who were age 24 through 64 years as of December 31, 2022; and were continuously enrolled during 2020, 2021, 2022; and who were either.

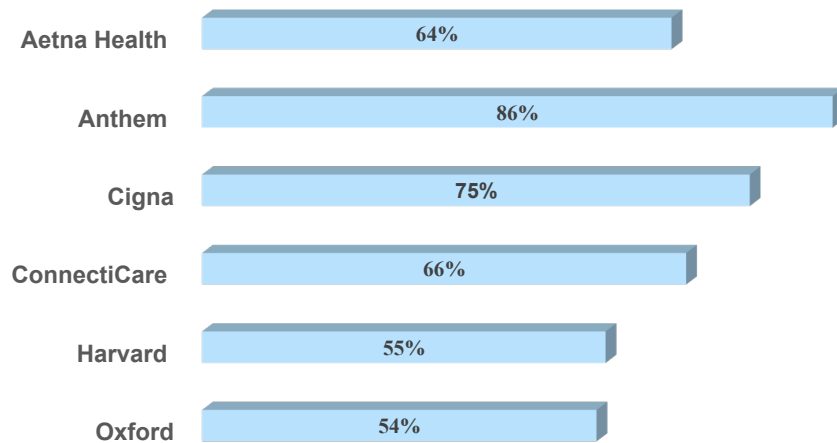
- A. a woman age 21-64, who had cervical cytology performed during 2020, 2021 or 2022; or
- B. a woman age 30-64, who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years, or woman age 30-64, who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.



## Medical Measures / Usage - Health Maintenance Organizations

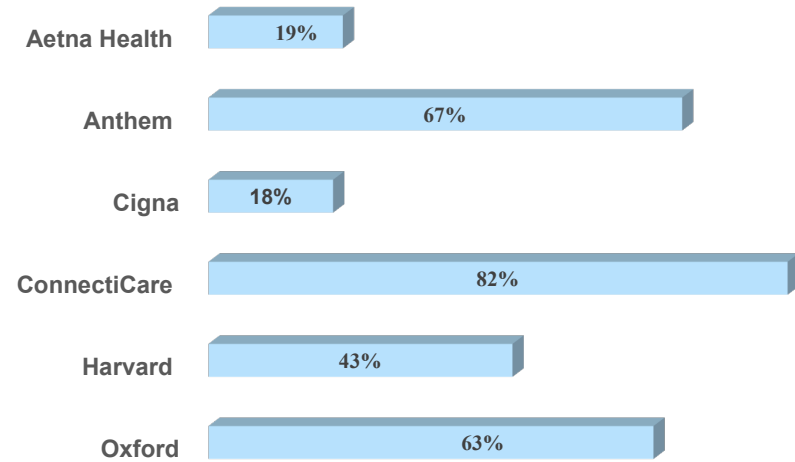
### Colorectal Cancer Screening

The percentage of members 51-75 years as of December 31, 2022, who were continuously enrolled during 2021 and 2022, 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 2022, (b) flexible sigmoidoscopy during 2022 or the 4 years prior, (c) colonoscopy during 2022 or the 9 years prior, (d) CT colonography during 2022 or the 4 years prior, (e) FIT-DNA test during 2022 or the 2 years prior.



### Controlling High Blood Pressure

The percentage of members 18-85 years as of December 31, 2022, who were continuously enrolled during 2022, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled (<140/90 mm Hg) during 2022.

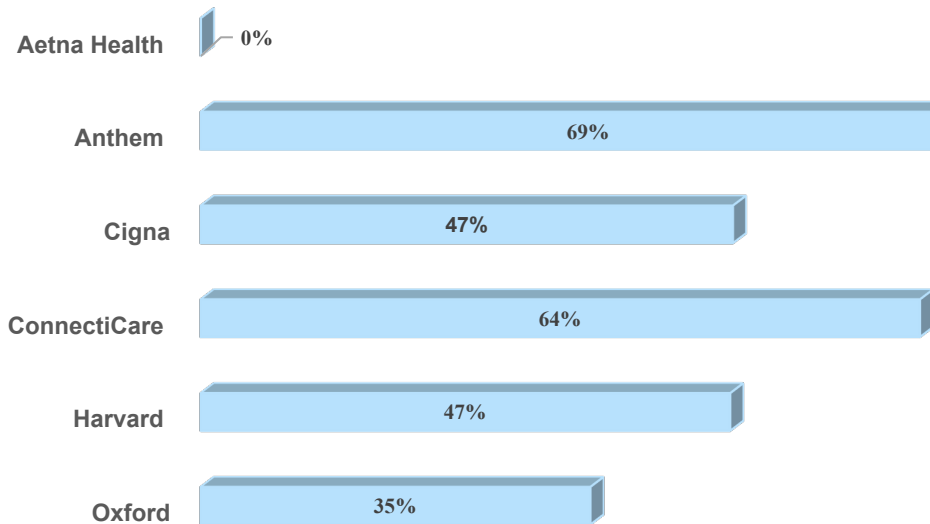




## Medical Measures / Usage - Health Maintenance Organizations

### Childhood Immunizations

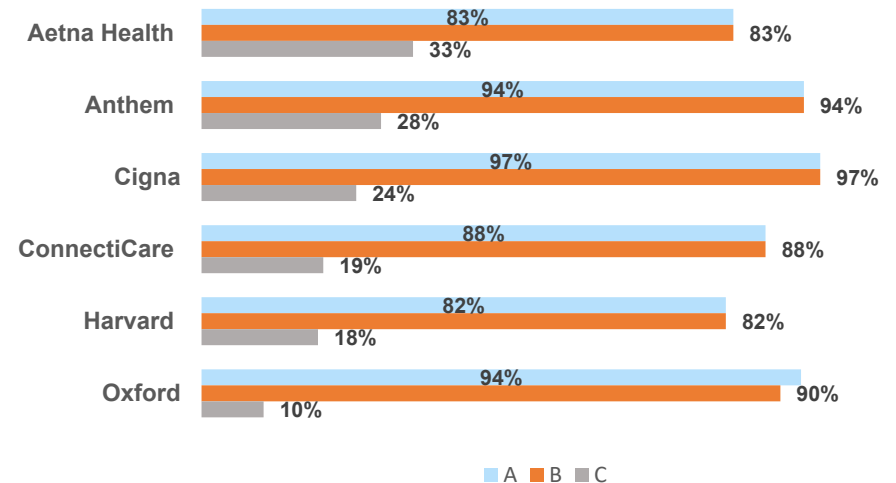
The percentage of enrolled children who: (a) turned two years old during 2022; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza 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 2022, 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.



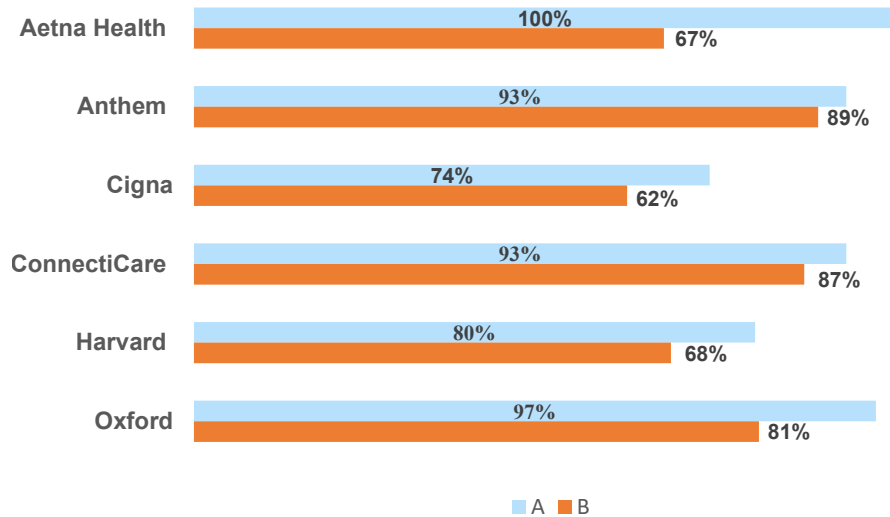
## Medial Measures / Usage - Health Maintenance Organizations

### 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, 2021, and October 7, 2022; 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.

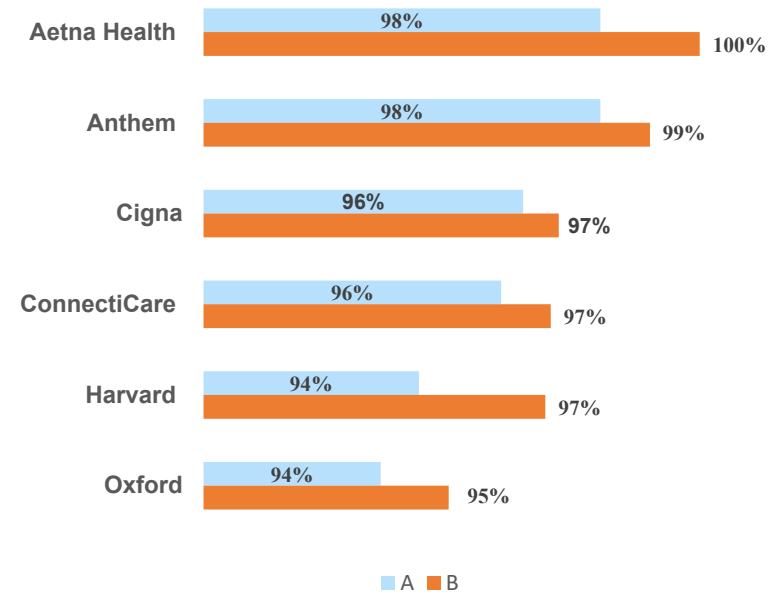


### Adult Access to Preventive and Ambulatory Health Services

The percentage of enrollees who were continuously enrolled in the plan during 2020, 2021 and 2022; and had at least one ambulatory or preventive care visit in 2020, 2021 or 2022; that:

(A) were age 20-44 as of December 31, 2022.

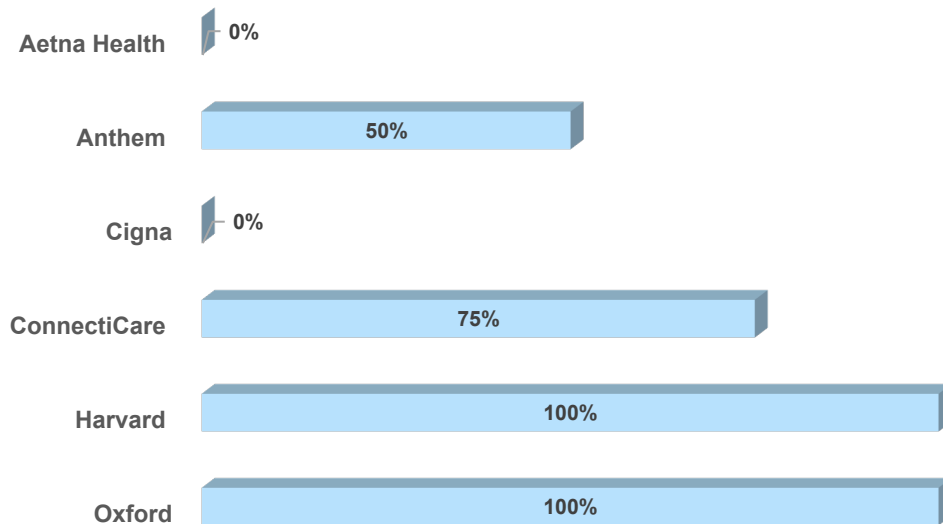
(B) were age 45-64 as of December 31, 2022.



## Medical Measures / Usage - Health Maintenance Organizations

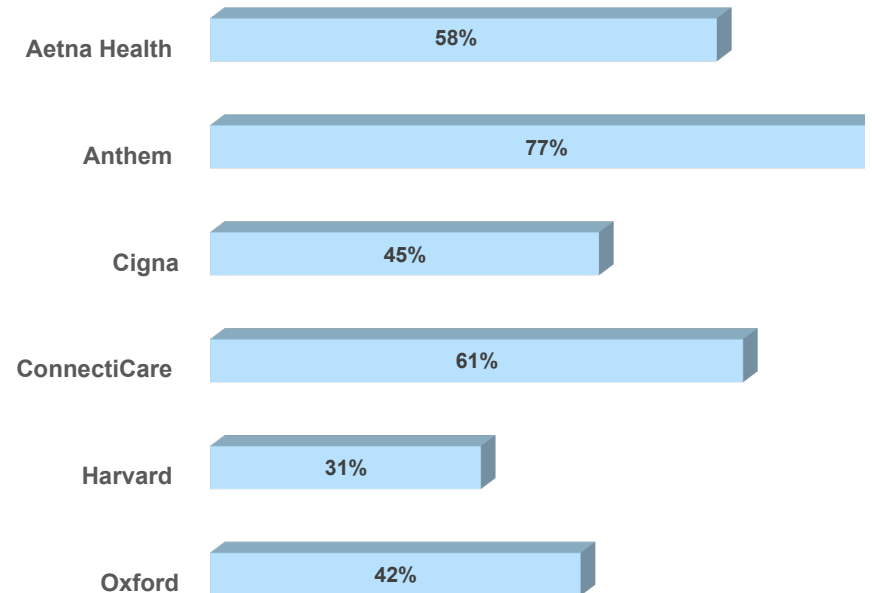
### Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 18 years and older as of December 31, 2022 and (b) were hospitalized and discharged between July 1, 2021 and June 30, 2022; 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

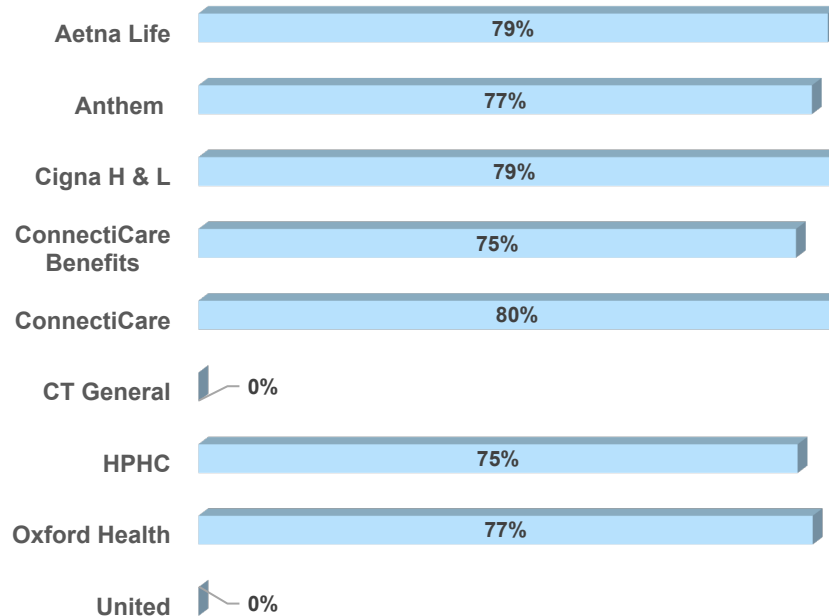
The percentage of all members with diabetes (type II and I) who were enrolled on December 31, 2022; and (b) were 18 through 75 years of age during 2022; and who had a retinal eye examination in 2022.



## Medical Measures / Usage - Indemnity Managed Care Organizations

### Breast Cancer Screening

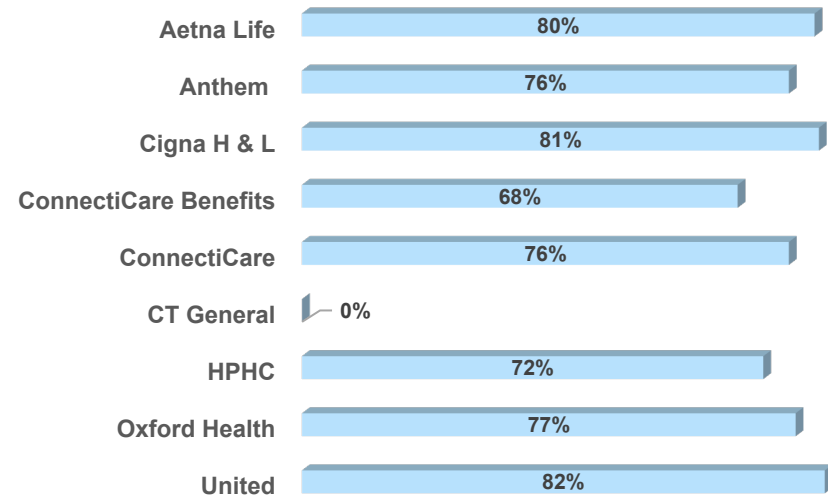
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2022; and (b) were continuously enrolled from October 1, 2020, through December 31, 2022; and (c) had 1 or more mammogram between October 1, 2020 and December 31, 2022.



### Cervical Cancer Screening

The percentage of enrolled women who were age 24 through 64 years as of December 31, 2022; and were continuously enrolled during 2020, 2021, 2022; and who were either:

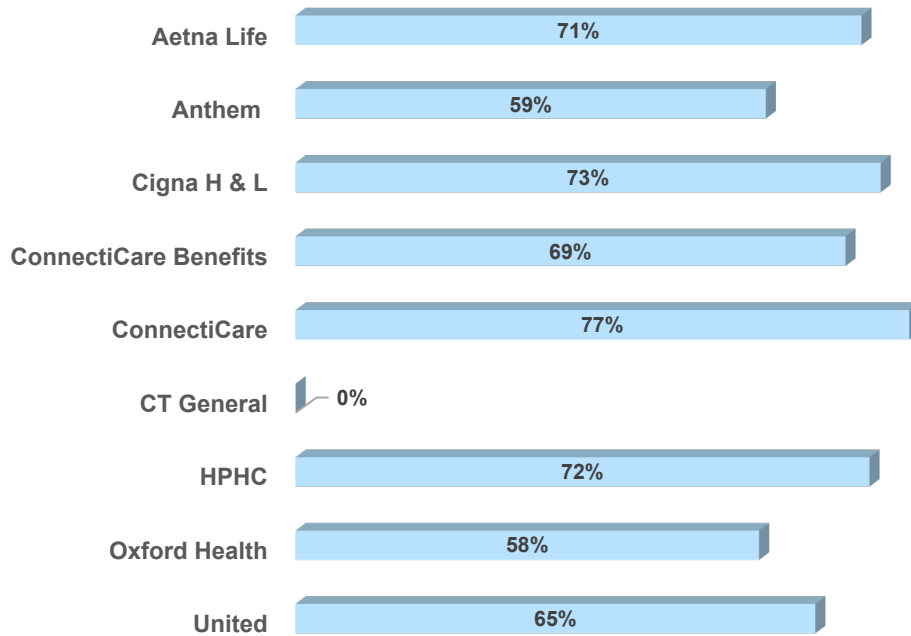
- A. a woman ages 21-64, who had cervical cytology performed during 2020, 2021 or 2022; or
- B. a woman ages 30-64 as of December 31, 2021, who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years, or woman ages 30-64 as of December 31, 2021, who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.



## Medical Measures / Usage - Indemnity Managed Care Organizations

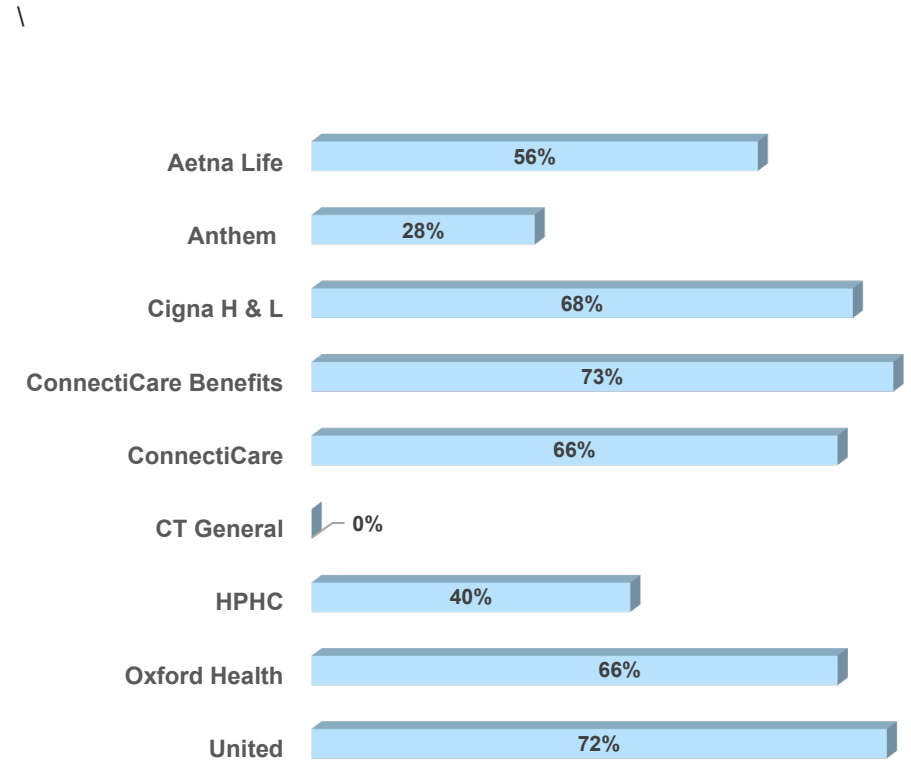
### Colorectal Cancer Screening

The percentage of members 51-75 years as of December 31, 2022, who were continuously enrolled during 2021 and 2022, 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 2022, (b) flexible sigmoidoscopy during 2022 or the 4 years prior, (c) colonoscopy during 2022 or the 9 years prior, (d) CT colonography during 2022 or the 4 years prior, (e) FIT-DNA test during 2022 or the 2 years prior.



### Controlling High Blood Pressure

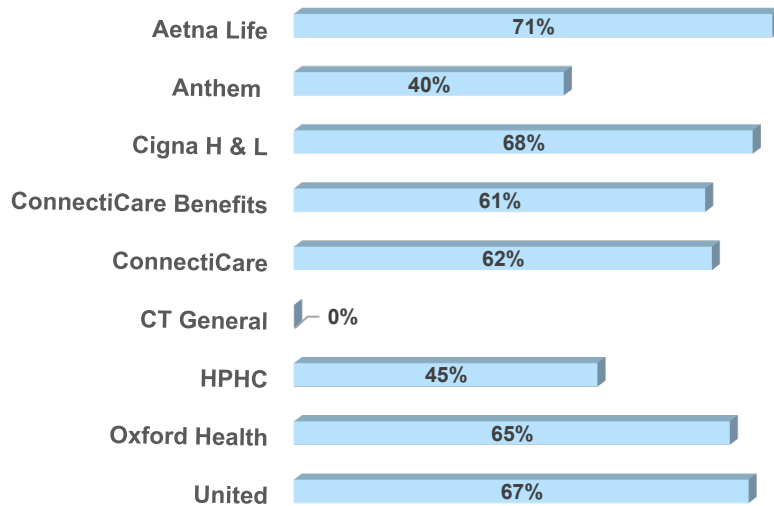
The percentage of members 18-85 years as of December 31, 2022, who were continuously enrolled during 2022, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled (<140/90 mm Hg) during 2022.



## Medical Measures / Usage - Indemnity Managed Care Organizations

### Childhood Immunizations

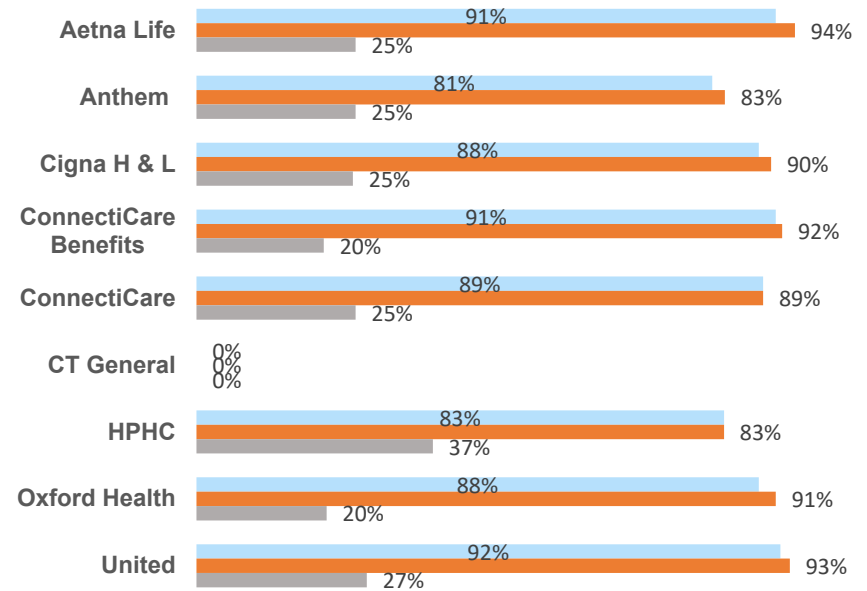
The percentage of enrolled children who: (a) turned two years old during 2022; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza 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 2022, 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

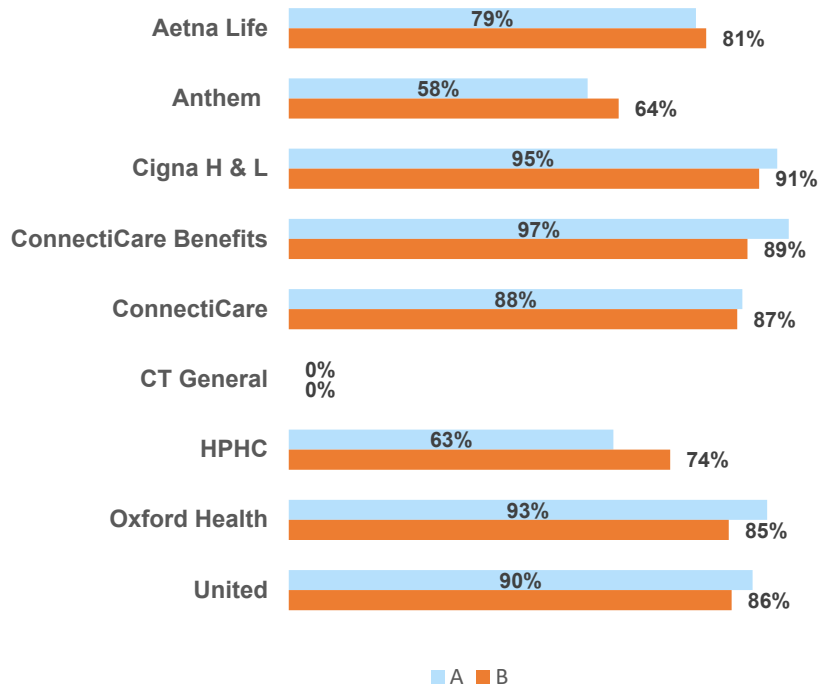


## Medical Measures / Usage - Indemnity Managed Care Organizations

### 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, 2021, and October 7, 2022; and were continuously enrolled for 43 days prior to delivery through 60 days after delivery; and

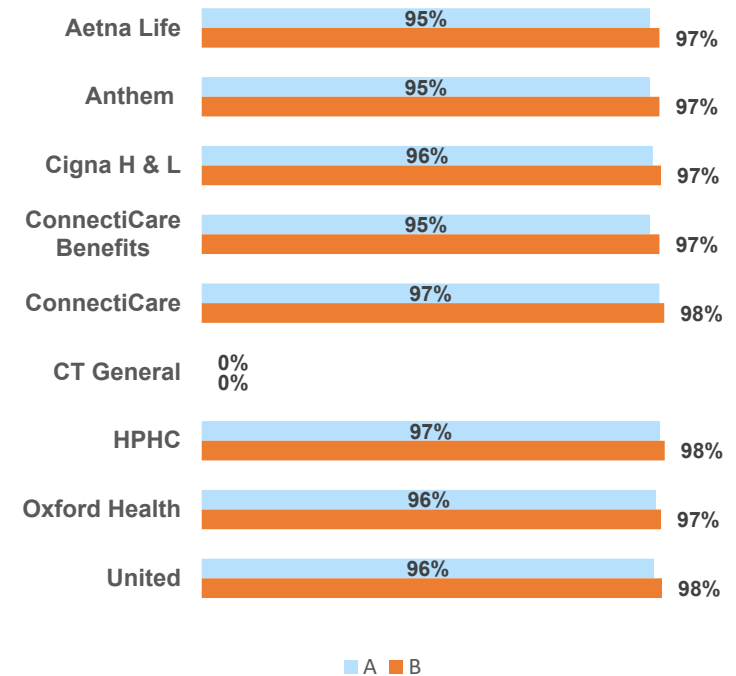
- (A) had at least one pre-natal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the Managed Care Organization.
- (B) had a postpartum visit on or between 7 and 84 days after delivery.



### Adult Access to Preventive and Ambulatory Health Services

The percentage of enrollees who were continuously enrolled in the plan during 2020, 2021 and 2022; and had at least one ambulatory or preventive care visit in 2020, 2021 or 2022; that:

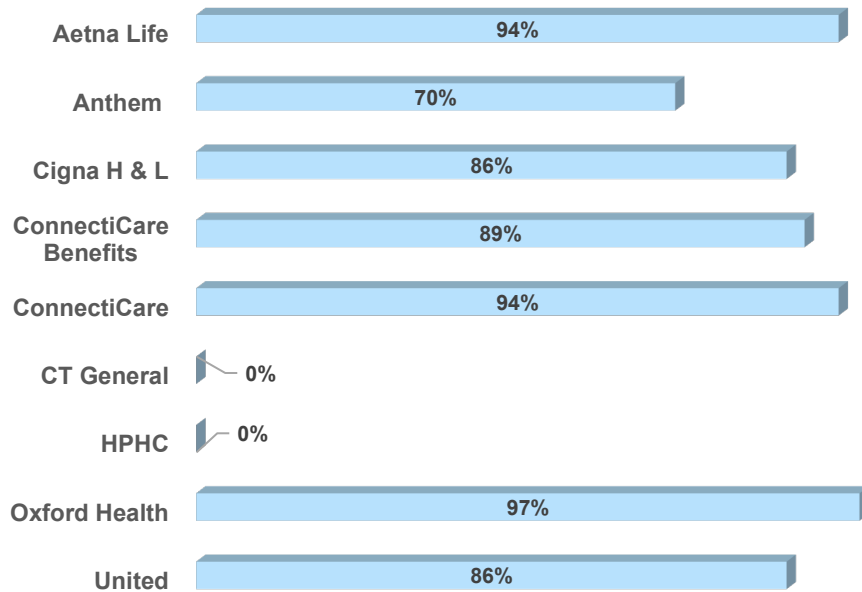
- (A) were age 20-44 as of December 31, 2022.
- (B) were age 45-64 as of December 31, 2022.



## Medical Measures / Usage - Indemnity Managed Care Organizations

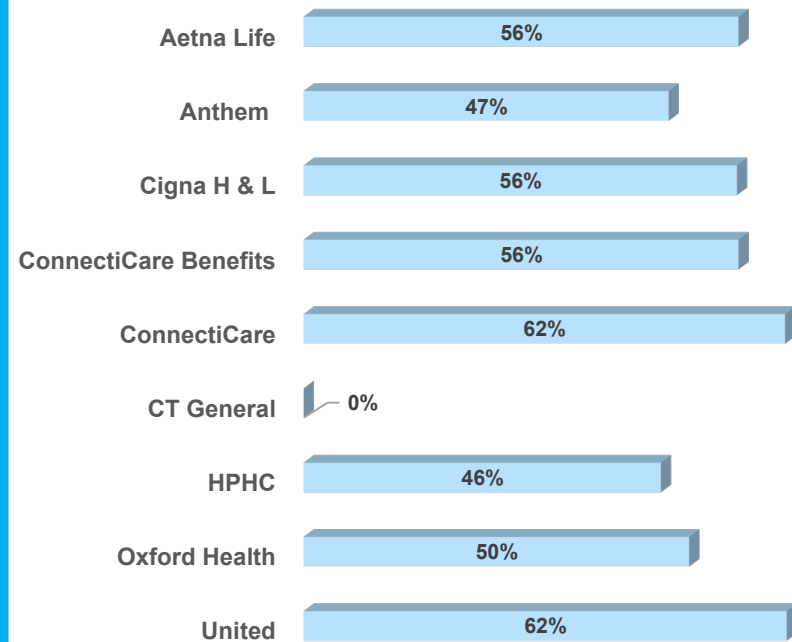
### Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 18 years and older as of December 31, 2022; and (b) were hospitalized and discharged between July 1, 2021, and June 30, 2022; 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, 2022; and (b) were 18 through 75 years of age during 2022; and (c) who had a retinal eye examination in 2022.



## Utilization Review Data – 2022

<b>HMO- Aetna Health</b>	<b>Medical Requests</b>	<b>MH/SA Requests</b>	<b>Total Requests</b>
<b>A. The total number of utilization review requests.</b>	2	0	2
1. Based on Medical Necessity	2	0	2
2. Based on anything other than Medical Necessity	0	0	0
<b>B. The total number of UR requests in A, that were denied*.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of UR requests that were denied* based on A.</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>C. The total number of denials in B above that were appealed.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of denials in B above that were appealed.</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals that were reversed on appeal.</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in C that were upheld on appeal.</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	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 – 2022

<b>HMO - Anthem</b>	<b>Medical Requests</b>	<b>MH/SA Requests</b>	<b>Total Requests</b>
<b>A. The total number of utilization review requests.</b>	21,436	389	21,825
1. Based on Medical Necessity	21,173	388	21,561
2. Based on anything other than Medical Necessity	263	1	264
<b>B. The total number of UR requests in A, that were denied*.</b>	2,264	24	2,288
1. Based on Medical Necessity	2,019	23	2,042
2. Based on anything other than Medical Necessity	245	1	246
<b>The Percentage of UR requests that were denied* based on A.</b>	11%	6%	10%
1. Based on Medical Necessity	10%	6%	9%
2. Based on anything other than Medical Necessity	93%	100%	93%
<b>C. The total number of denials in B above that were appealed.</b>	69	6	75
1. Based on Medical Necessity	64	6	70
2. Based on anything other than Medical Necessity	5	0	5
<b>The Percentage of denials in B above that were appealed.</b>	3%	25%	3%
1. Based on Medical Necessity	3%	26%	3%
2. Based on anything other than Medical Necessity	2%	0%	2%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	19	2	21
1. Based on Medical Necessity	16	2	18
2. Based on anything other than Medical Necessity	3	0	3
<b>The Percentage of appeals that were reversed on appeal.</b>	28%	33%	28%
1. Based on Medical Necessity	25%	33%	26%
2. Based on anything other than Medical Necessity	60%	0%	60%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	50	4	54
1. Based on Medical Necessity	48	4	52
2. Based on anything other than Medical Necessity	2	0	2
<b>The Percentage of appeals in C that were upheld on appeal.</b>	72%	67%	72%
1. Based on Medical Necessity	75%	67%	74%
2. Based on anything other than Medical Necessity	40%	0%	40%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	4	1	5
1. Based on Medical Necessity	4	1	5
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	8%	25%	9%
1. Based on Medical Necessity	8%	25%	10%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	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 – 2022

HMO - Cigna Healthcare	Medical Requests	MH/SA Requests	Total Requests
<b>A. The total number of utilization review requests.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>B. The total number of UR requests in A, that were denied*.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of UR requests that were denied* based on A.</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>C. The total number of denials in B above that were appealed.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of denials in B above that were appealed.</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals that were reversed on appeal.</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in C that were upheld on appeal.</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	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 – 2022

<b>HMO - ConnectiCare</b>	<b>Medical Requests</b>	<b>MH/SA Requests</b>	<b>Total Requests</b>
<b>A. The total number of utilization review requests.</b>	5,048	408	5,456
1. Based on Medical Necessity	4,955	403	5,358
2. Based on anything other than Medical Necessity	93	5	98
<b>B. The total number of UR requests in A, that were denied*.</b>	3,239	14	3,253
1. Based on Medical Necessity	3,146	9	3,155
2. Based on anything other than Medical Necessity	93	5	98
<b>The Percentage of UR requests that were denied* based on A.</b>	64%	3%	60%
1. Based on Medical Necessity	63%	2%	59%
2. Based on anything other than Medical Necessity	100%	100%	100%
<b>C. The total number of denials in B above that were appealed.</b>	117	0	117
1. Based on Medical Necessity	33	0	33
2. Based on anything other than Medical Necessity	84	0	84
<b>The Percentage of denials in B above that were appealed.</b>	4%	0%	4%
1. Based on Medical Necessity	1%	0%	1%
2. Based on anything other than Medical Necessity	90%	0%	86%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	58	0	58
1. Based on Medical Necessity	25	0	25
2. Based on anything other than Medical Necessity	33	0	33
<b>The Percentage of appeals that were reversed on appeal.</b>	50%	0%	50%
1. Based on Medical Necessity	76%	0%	76%
2. Based on anything other than Medical Necessity	39%	0%	39%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	59	0	59
1. Based on Medical Necessity	8	0	8
2. Based on anything other than Medical Necessity	51	0	51
<b>The Percentage of appeals in C that were upheld on appeal.</b>	50%	0%	50%
1. Based on Medical Necessity	24%	0%	24%
2. Based on anything other than Medical Necessity	61%	0%	61%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	4	0	4
1. Based on Medical Necessity	4	0	4
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	7%	0%	7%
1. Based on Medical Necessity	50%	0%	50%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	2	0	2
1. Based on Medical Necessity	2	0	2
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	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 – 2022

<i>HMO - Harvard</i>	Medical Requests	MH/SA Requests	Total Requests
<b>A. The total number of utilization review requests.</b>	1,404	109	1,513
1. Based on Medical Necessity	1,309	109	1,418
2. Based on anything other than Medical Necessity	95	0	95
<b>B. The total number of UR requests in A, that were denied*.</b>	294	3	297
1. Based on Medical Necessity	228	3	231
2. Based on anything other than Medical Necessity	66	0	66
<b>The Percentage of UR requests that were denied* based on A.</b>	21%	3%	20%
1. Based on Medical Necessity	17%	3%	16%
2. Based on anything other than Medical Necessity	69%	0%	69%
<b>C. The total number of denials in B above that were appealed.</b>	41	0	41
1. Based on Medical Necessity	26	0	26
2. Based on anything other than Medical Necessity	15	0	15
<b>The Percentage of denials in B above that were appealed.</b>	14%	0%	14%
1. Based on Medical Necessity	11%	0%	11%
2. Based on anything other than Medical Necessity	23%	0%	23%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	17	0	17
1. Based on Medical Necessity	16	0	16
2. Based on anything other than Medical Necessity	1	0	1
<b>The Percentage of appeals that were reversed on appeal.</b>	41%	0%	41%
1. Based on Medical Necessity	62%	0%	62%
2. Based on anything other than Medical Necessity	7%	0%	7%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	24	0	24
1. Based on Medical Necessity	10	0	10
2. Based on anything other than Medical Necessity	14	0	14
<b>The Percentage of appeals in C that were upheld on appeal.</b>	59%	0%	59%
1. Based on Medical Necessity	38%	0%	38%
2. Based on anything other than Medical Necessity	93%	0%	93%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	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 – 2022

<i>HMO - Oxford</i>	Medical Requests	MH/SA Requests	Total Requests
<b>A. The total number of utilization review requests.</b>	4,113	88	4,201
1. Based on Medical Necessity	3,603	85	3,688
2. Based on anything other than Medical Necessity	510	3	513
<b>B. The total number of UR requests in A, that were denied*.</b>	846	58	904
1. Based on Medical Necessity	836	55	891
2. Based on anything other than Medical Necessity	10	3	13
<b>The Percentage of UR requests that were denied* based on A.</b>	21%	66%	22%
1. Based on Medical Necessity	23%	65%	24%
2. Based on anything other than Medical Necessity	2%	100%	3%
<b>C. The total number of denials in B above that were appealed.</b>	15	6	21
1. Based on Medical Necessity	15	6	21
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of denials in B above that were appealed.</b>	2%	10%	2%
1. Based on Medical Necessity	2%	11%	2%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	6	2	8
1. Based on Medical Necessity	6	2	8
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals that were reversed on appeal.</b>	40%	33%	38%
1. Based on Medical Necessity	40%	33%	38%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	9	4	13
1. Based on Medical Necessity	9	4	13
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in C that were upheld on appeal.</b>	60%	67%	62%
1. Based on Medical Necessity	60%	67%	62%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	3	0	3
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	33%	0%	23%
1. Based on Medical Necessity	33%	0%	23%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	3	0	3
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	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 – 2022

<i>Indemnity - Aetna Life</i>	Medical Requests	MH/SA Requests	Total Requests
<b>A. The total number of utilization review requests.</b>	1,301	259	1,560
1. Based on Medical Necessity	1,265	259	1,524
2. Based on anything other than Medical Necessity	36	0	36
<b>B. The total number of UR requests in A, that were denied*.</b>	266	17	283
1. Based on Medical Necessity	231	17	248
2. Based on anything other than Medical Necessity	35	0	35
<b>The Percentage of UR requests that were denied* based on A.</b>	20%	7%	18%
1. Based on Medical Necessity	18%	7%	16%
2. Based on anything other than Medical Necessity	97%	0%	97%
<b>C. The total number of denials in B above that were appealed.</b>	82	11	93
1. Based on Medical Necessity	82	3	85
2. Based on anything other than Medical Necessity	0	8	8
<b>The Percentage of denials in B above that were appealed.</b>	31%	65%	33%
1. Based on Medical Necessity	35%	18%	34%
2. Based on anything other than Medical Necessity	0%	0%	23%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	53	2	55
1. Based on Medical Necessity	45	2	47
2. Based on anything other than Medical Necessity	8	0	8
<b>The Percentage of appeals that were reversed on appeal.</b>	65%	18%	59%
1. Based on Medical Necessity	55%	67%	55%
2. Based on anything other than Medical Necessity	0%	0%	100%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	45	1	46
1. Based on Medical Necessity	37	1	38
2. Based on anything other than Medical Necessity	8	0	8
<b>The Percentage of appeals in C that were upheld on appeal.</b>	55%	9%	49%
1. Based on Medical Necessity	45%	33%	45%
2. Based on anything other than Medical Necessity	0%	0%	100%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	6	0	6
1. Based on Medical Necessity	6	0	6
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	13%	0%	13%
1. Based on Medical Necessity	16%	0%	16%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	3	0	3
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	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 – 2022

<i>Indemnity - Anthem</i>	Medical Requests	MH/SA Requests	Total Requests
<b>A. The total number of utilization review requests.</b>	123,156	2,643	125,799
1. Based on Medical Necessity	122,182	2,631	124,813
2. Based on anything other than Medical Necessity	974	12	986
<b>B. The total number of UR requests in A, that were denied*.</b>	13,308	168	13,476
1. Based on Medical Necessity	12,423	156	12,579
2. Based on anything other than Medical Necessity	885	12	897
<b>The Percentage of UR requests that were denied* based on A.</b>	11%	6%	11%
1. Based on Medical Necessity	10%	6%	10%
2. Based on anything other than Medical Necessity	91%	100%	91%
<b>C. The total number of denials in B above that were appealed.</b>	301	55	356
1. Based on Medical Necessity	278	55	333
2. Based on anything other than Medical Necessity	23	0	23
<b>The Percentage of denials in B above that were appealed.</b>	2%	33%	3%
1. Based on Medical Necessity	2%	35%	3%
2. Based on anything other than Medical Necessity	3%	0%	3%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	84	10	94
1. Based on Medical Necessity	72	10	82
2. Based on anything other than Medical Necessity	12	0	12
<b>The Percentage of appeals that were reversed on appeal.</b>	28%	18%	26%
1. Based on Medical Necessity	26%	18%	25%
2. Based on anything other than Medical Necessity	52%	0%	52%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	217	45	262
1. Based on Medical Necessity	206	45	251
2. Based on anything other than Medical Necessity	11	0	11
<b>The Percentage of appeals in C that were upheld on appeal.</b>	72%	82%	74%
1. Based on Medical Necessity	74%	82%	75%
2. Based on anything other than Medical Necessity	48%	0%	48%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	23	3	26
1. Based on Medical Necessity	23	3	26
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	11%	7%	10%
1. Based on Medical Necessity	11%	7%	10%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	11	1	12
1. Based on Medical Necessity	11	1	12
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	48%	33%	46%
1. Based on Medical Necessity	48%	33%	46%
2. Based on anything other than Medical Necessity	0%	0%	0%

## Utilization Review Data – 2022

<i>Indemnity - Cigna H &amp; L</i>	Medical Requests	MH/SA Requests	Total Requests
<b>A. The total number of utilization review requests.</b>	118,177	1,334	119,511
1. Based on Medical Necessity	117,815	1,332	119,147
2. Based on anything other than Medical Necessity	362	2	364
<b>B. The total number of UR requests in A, that were denied*.</b>	13,154	52	13,206
1. Based on Medical Necessity	12,792	50	12,842
2. Based on anything other than Medical Necessity	362	2	364
<b>The Percentage of UR requests that were denied* based on A.</b>	11%	4%	11%
1. Based on Medical Necessity	11%	4%	11%
2. Based on anything other than Medical Necessity	100%	100%	100%
<b>C. The total number of denials in B above that were appealed.</b>	1,000	17	1,017
1. Based on Medical Necessity	934	14	948
2. Based on anything other than Medical Necessity	66	3	69
<b>The Percentage of denials in B above that were appealed.</b>	8%	33%	8%
1. Based on Medical Necessity	7%	28%	7%
2. Based on anything other than Medical Necessity	18%	150%	19%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	509	4	513
1. Based on Medical Necessity	443	3	446
2. Based on anything other than Medical Necessity	66	1	67
<b>The Percentage of appeals that were reversed on appeal.</b>	51%	24%	50%
1. Based on Medical Necessity	47%	21%	47%
2. Based on anything other than Medical Necessity	100%	33%	97%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	491	13	504
1. Based on Medical Necessity	491	11	502
2. Based on anything other than Medical Necessity	0	2	2
<b>The Percentage of appeals in C that were upheld on appeal.</b>	49%	76%	50%
1. Based on Medical Necessity	53%	79%	53%
2. Based on anything other than Medical Necessity	0%	67%	3%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	13	0	13
1. Based on Medical Necessity	13	0	13
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	3%	0%	3%
1. Based on Medical Necessity	3%	0%	3%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	6	0	6
1. Based on Medical Necessity	6	0	6
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	46%	0%	46%
1. Based on Medical Necessity	46%	0%	46%
2. Based on anything other than Medical Necessity	0%	0%	0%

## Utilization Review Data – 2022

<b>Indemnity - ConnectiCare Benefits</b>	<b>Medical Requests</b>	<b>MH/SA Requests</b>	<b>Total Requests</b>
<b>A. The total number of utilization review requests.</b>	44,699	2,457	47,156
1. Based on Medical Necessity	44,034	2,450	46,484
2. Based on anything other than Medical Necessity	665	7	672
<b>B. The total number of UR requests in A, that were denied*.</b>	5,359	70	5,429
1. Based on Medical Necessity	4,694	63	4,757
2. Based on anything other than Medical Necessity	665	7	672
<b>The Percentage of UR requests that were denied* based on A.</b>	12%	3%	12%
1. Based on Medical Necessity	11%	3%	10%
2. Based on anything other than Medical Necessity	100%	100%	100%
<b>C. The total number of denials in B above that were appealed.</b>	571	12	583
1. Based on Medical Necessity	215	12	227
2. Based on anything other than Medical Necessity	356	0	356
<b>The Percentage of denials in B above that were appealed.</b>	11%	17%	11%
1. Based on Medical Necessity	5%	19%	5%
2. Based on anything other than Medical Necessity	54%	0%	53%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	331	2	333
1. Based on Medical Necessity	161	2	163
2. Based on anything other than Medical Necessity	170	0	170
<b>The Percentage of appeals that were reversed on appeal.</b>	58%	17%	57%
1. Based on Medical Necessity	75%	17%	72%
2. Based on anything other than Medical Necessity	48%	0%	48%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	240	10	250
1. Based on Medical Necessity	54	10	64
2. Based on anything other than Medical Necessity	186	0	186
<b>The Percentage of appeals in C that were upheld on appeal.</b>	42%	83%	43%
1. Based on Medical Necessity	25%	83%	28%
2. Based on anything other than Medical Necessity	52%	0%	52%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	3	1	4
1. Based on Medical Necessity	3	1	4
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	1%	10%	2%
1. Based on Medical Necessity	6%	10%	6%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	33%	0%	25%
1. Based on Medical Necessity	33%	0%	25%
2. Based on anything other than Medical Necessity	0%	0%	0%

## Utilization Review Data – 2022

<i>Indemnity - ConnectiCare Ins.</i>	Medical Requests	MH/SA Requests	Total Requests
<b>A. The total number of utilization review requests.</b>	33,517	2,477	35,994
1. Based on Medical Necessity	32,974	2,464	35,438
2. Based on anything other than Medical Necessity	543	13	556
<b>B. The total number of UR requests in A, that were denied*.</b>	4,000	80	4,080
1. Based on Medical Necessity	3,457	67	3,524
2. Based on anything other than Medical Necessity	543	13	556
<b>The Percentage of UR requests that were denied* based on A.</b>	12%	3%	11%
1. Based on Medical Necessity	10%	3%	10%
2. Based on anything other than Medical Necessity	100%	100%	100%
<b>C. The total number of denials in B above that were appealed.</b>	426	18	444
1. Based on Medical Necessity	164	18	182
2. Based on anything other than Medical Necessity	262	0	262
<b>The Percentage of denials in B above that were appealed.</b>	11%	23%	11%
1. Based on Medical Necessity	5%	27%	5%
2. Based on anything other than Medical Necessity	48%	0%	47%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	256	9	265
1. Based on Medical Necessity	114	9	123
2. Based on anything other than Medical Necessity	142	0	142
<b>The Percentage of appeals that were reversed on appeal.</b>	60%	50%	60%
1. Based on Medical Necessity	70%	50%	68%
2. Based on anything other than Medical Necessity	54%	0%	54%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	170	9	179
1. Based on Medical Necessity	50	9	59
2. Based on anything other than Medical Necessity	120	0	120
<b>The Percentage of appeals in C that were upheld on appeal.</b>	40%	50%	40%
1. Based on Medical Necessity	30%	50%	32%
2. Based on anything other than Medical Necessity	46%	0%	46%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	2	2	4
1. Based on Medical Necessity	2	2	4
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	1%	22%	2%
1. Based on Medical Necessity	4%	22%	7%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	2	1	3
1. Based on Medical Necessity	2	1	3
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	100%	50%	75%
1. Based on Medical Necessity	100%	50%	75%
2. Based on anything other than Medical Necessity	0%	0%	0%

## Utilization Review Data – 2022

<b>Indemnity - CT General</b>	<b>Medical Requests</b>	<b>MH/SA Requests</b>	<b>Total Requests</b>
<b>A. The total number of utilization review requests.</b>	12	0	12
1. Based on Medical Necessity	12	0	12
2. Based on anything other than Medical Necessity	0	0	0
<b>B. The total number of UR requests in A, that were denied*.</b>	2	0	2
1. Based on Medical Necessity	2	0	2
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of UR requests that were denied* based on A.</b>	17%	0%	17%
1. Based on Medical Necessity	17%	0%	17%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>C. The total number of denials in B above that were appealed.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of denials in B above that were appealed.</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals that were reversed on appeal.</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in C that were upheld on appeal.</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	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 – 2022

<i>Indemnity - HPHC</i>	Medical Requests	MH/SA Requests	Total Requests
<b>A. The total number of utilization review requests.</b>	2,919	322	3,241
1. Based on Medical Necessity	2,789	321	3,110
2. Based on anything other than Medical Necessity	130	1	131
<b>B. The total number of UR requests in A, that were denied*.</b>	505	9	514
1. Based on Medical Necessity	440	8	448
2. Based on anything other than Medical Necessity	65	1	66
<b>The Percentage of UR requests that were denied* based on A.</b>	17%	3%	16%
1. Based on Medical Necessity	16%	2%	14%
2. Based on anything other than Medical Necessity	50%	100%	50%
<b>C. The total number of denials in B above that were appealed.</b>	77	1	78
1. Based on Medical Necessity	45	1	46
2. Based on anything other than Medical Necessity	32	0	32
<b>The Percentage of denials in B above that were appealed.</b>	15%	11%	15%
1. Based on Medical Necessity	10%	13%	10%
2. Based on anything other than Medical Necessity	49%	0%	48%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	27	0	27
1. Based on Medical Necessity	21	0	21
2. Based on anything other than Medical Necessity	6	0	6
<b>The Percentage of appeals that were reversed on appeal.</b>	35%	0%	35%
1. Based on Medical Necessity	47%	0%	46%
2. Based on anything other than Medical Necessity	19%	0%	19%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	50	1	51
1. Based on Medical Necessity	24	1	25
2. Based on anything other than Medical Necessity	26	0	26
<b>The Percentage of appeals in C that were upheld on appeal.</b>	65%	100%	65%
1. Based on Medical Necessity	53%	100%	54%
2. Based on anything other than Medical Necessity	81%	0%	81%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	2	0	2
1. Based on Medical Necessity	2	0	2
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	4%	0%	4%
1. Based on Medical Necessity	8%	0%	8%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	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 – 2022

<i>Indemnity - Oxford Health</i>	Medical Requests	MH/SA Requests	Total Requests
<b>A. The total number of utilization review requests.</b>	32,320	688	33,008
1. Based on Medical Necessity	27,548	685	28,233
2. Based on anything other than Medical Necessity	4,772	3	4,775
<b>B. The total number of UR requests in A, that were denied*.</b>	6,476	357	6,833
1. Based on Medical Necessity	6,426	354	6,780
2. Based on anything other than Medical Necessity	50	3	53
<b>The Percentage of UR requests that were denied* based on A.</b>	20%	52%	21%
1. Based on Medical Necessity	23%	52%	24%
2. Based on anything other than Medical Necessity	1%	100%	1%
<b>C. The total number of denials in B above that were appealed.</b>	209	8	217
1. Based on Medical Necessity	209	7	216
2. Based on anything other than Medical Necessity	0	1	1
<b>The Percentage of denials in B above that were appealed.</b>	3%	2%	3%
1. Based on Medical Necessity	3%	2%	3%
2. Based on anything other than Medical Necessity	0%	33%	2%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	105	2	107
1. Based on Medical Necessity	105	2	107
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals that were reversed on appeal.</b>	50%	25%	49%
1. Based on Medical Necessity	50%	29%	50%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	104	6	110
1. Based on Medical Necessity	104	5	109
2. Based on anything other than Medical Necessity	0	1	1
<b>The Percentage of appeals in C that were upheld on appeal.</b>	50%	75%	51%
1. Based on Medical Necessity	50%	71%	50%
2. Based on anything other than Medical Necessity	0%	100%	100%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	23	0	23
1. Based on Medical Necessity	23	0	23
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	22%	0%	21%
1. Based on Medical Necessity	22%	0%	21%
2. Based on anything other than Medical Necessity	0%	0%	0%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	8	0	8
1. Based on Medical Necessity	8	0	8
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	35%	0%	35%
1. Based on Medical Necessity	35%	0%	35%
2. Based on anything other than Medical Necessity	0%	0%	0%



## Utilization Review Data – 2022

<b>Indemnity - United</b>	<b>Medical Requests</b>	<b>MH/SA Requests</b>	<b>Total Requests</b>
<b>A. The total number of utilization review requests.</b>	35,804	3,646	39,450
1. Based on Medical Necessity	34,508	3,626	38,134
2. Based on anything other than Medical Necessity	1,296	20	1,316
<b>B. The total number of UR requests in A, that were denied*.</b>	8,907	829	9,736
1. Based on Medical Necessity	8,829	809	9,638
2. Based on anything other than Medical Necessity	78	20	98
<b>The Percentage of UR requests that were denied* based on A.</b>	25%	23%	25%
1. Based on Medical Necessity	26%	22%	25%
2. Based on anything other than Medical Necessity	6%	100%	7%
<b>C. The total number of denials in B above that were appealed.</b>	307	13	320
1. Based on Medical Necessity	299	12	311
2. Based on anything other than Medical Necessity	8	1	9
<b>The Percentage of denials in B above that were appealed.</b>	3%	2%	3%
1. Based on Medical Necessity	3%	1%	3%
2. Based on anything other than Medical Necessity	10%	5%	9%
<b>D. The total number of appeals in C, that were reversed on appeal.</b>	109	2	111
1. Based on Medical Necessity	103	2	105
2. Based on anything other than Medical Necessity	6	0	6
<b>The Percentage of appeals that were reversed on appeal.</b>	36%	15%	35%
1. Based on Medical Necessity	34%	17%	34%
2. Based on anything other than Medical Necessity	75%	0%	67%
<b>E. The total number of appeals in C that were upheld on appeal.</b>	198	11	209
1. Based on Medical Necessity	196	10	206
2. Based on anything other than Medical Necessity	2	1	3
<b>The Percentage of appeals in C that were upheld on appeal.</b>	64%	85%	65%
1. Based on Medical Necessity	66%	83%	66%
2. Based on anything other than Medical Necessity	25%	100%	33%
<b>F. The number of appeals in E that went to external appeal (through CID)</b>	16	1	17
1. Based on Medical Necessity	15	1	16
2. Based on anything other than Medical Necessity	1	0	1
<b>The Percentage of appeals in E that went to external appeal. (through CID)</b>	8%	9%	8%
1. Based on Medical Necessity	8%	10%	8%
2. Based on anything other than Medical Necessity	50%	0%	33%
<b>G. The total number of external appeals above in F that were reversed on appeal.</b>	8	0	8
1. Based on Medical Necessity	8	0	8
2. Based on anything other than Medical Necessity	0	0	0
<b>The Percentage of external appeals above in F that were reversed on appeal.</b>	50%	0%	47%
1. Based on Medical Necessity	53%	0%	50%
2. Based on anything other than Medical Necessity	0%	0%	0%

## Fully Insured Behavioral Health Statistics for 2022

<b>HMO - Aetna Health</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
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%

<b>HMO - Anthem</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
Number of UR Requests Received	102	106	28	56	95	2
Number of UR Requests Denied	2	14	2	1	5	0
Percentage of UR Requests that were Denied	2%	13%	7%	2%	5%	0%
Number of Denials that were Appealed	2	4	0	0	0	0
Percentage of Denials that were Appealed	100%	29%	0%	0%	0%	0%
Number of Appeals that Reversed the decision	1	1	0	0	0	0
Percentage of Appeals that Reversed the decision	50%	25%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	1	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	100%	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 2022

<b>HMO - Cigna Healthcare</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
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%

<b>HMO - ConnectiCare</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
Number of UR Requests Received	94	52	36	179	39	3
Number of UR Requests Denied	0	3	0	0	6	0
Percentage of UR Requests that were Denied	0%	6%	0%	0%	15%	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 2022

<b>HMO - Harvard</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
Number of UR Requests Received	19	27	10	21	32	0
Number of UR Requests Denied	0	0	1	2	0	0
Percentage of UR Requests that were Denied	0%	0%	10%	10%	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%

<b>HMO - Oxford</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
Number of UR Requests Received	1	6	5	7	69	0
Number of UR Requests Denied	1	6	5	7	39	0
Percentage of UR Requests that were Denied	100%	100%	100%	100%	57%	0%
Number of Denials that were Appealed	1	2	1	0	2	0
Percentage of Denials that were Appealed	100%	33%	20%	0%	5%	0%
Number of Appeals that Reversed the decision	1	0	1	0	0	0
Percentage of Appeals that Reversed the decision	100%	0%	100%	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 2022

<b>Indemnity - Aetna Life</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
Number of UR Requests Received	79	33	51	0	59	37
Number of UR Requests Denied	0	5	2	0	10	0
Percentage of UR Requests that were Denied	0%	15%	4%	0%	17%	0%
Number of Denials that were Appealed	0	1	0	0	2	0
Percentage of Denials that were Appealed	0%	20%	0%	0%	20%	0%
Number of Appeals that Reversed the decision	0	0	0	0	2	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	100%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

<b>Indemnity - Anthem</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
Number of UR Requests Received	602	994	272	386	374	15
Number of UR Requests Denied	9	113	10	16	20	0
Percentage of UR Requests that were Denied	1%	11%	4%	4%	5%	0%
Number of Denials that were Appealed	5	41	0	6	3	0
Percentage of Denials that were Appealed	56%	36%	0%	38%	15%	0%
Number of Appeals that Reversed the decision	2	6	0	0	2	0
Percentage of Appeals that Reversed the decision	40%	15%	0%	0%	67%	0%
Number of Upheld Appeals that went to External Appeal	0	3	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	9%	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%	33%	0%	0%	0%	0%

## Fully Insured Behavioral Health Statistics for 2022

<b>Indemnity - Cigna L &amp; H</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
Number of UR Requests Received	405	335	214	63	194	123
Number of UR Requests Denied	7	15	6	2	20	2
Percentage of UR Requests that were Denied	2%	4%	3%	3%	10%	2%
Number of Denials that were Appealed	4	8	1	0	4	0
Percentage of Denials that were Appealed	57%	53%	17%	0%	20%	0%
Number of Appeals that Reversed the decision	0	2	0	0	2	0
Percentage of Appeals that Reversed the decision	0%	25%	0%	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%

<b>Indemnity - ConnectiCare Benefits</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
Number of UR Requests Received	453	712	203	823	237	22
Number of UR Requests Denied	3	13	3	19	20	5
Percentage of UR Requests that were Denied	1%	2%	1%	2%	8%	23%
Number of Denials that were Appealed	1	7	0	2	1	1
Percentage of Denials that were Appealed	33%	54%	0%	11%	5%	20%
Number of Appeals that Reversed the decision	0	0	0	1	1	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	50%	100%	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%	14%	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 2022

<b>Indemnity - ConnectiCare</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
Number of UR Requests Received	476	572	309	937	164	6
Number of UR Requests Denied	2	16	6	18	25	0
Percentage of UR Requests that were Denied	0%	3%	2%	2%	15%	0%
Number of Denials that were Appealed	0	9	3	3	2	1
Percentage of Denials that were Appealed	0%	56%	50%	17%	8%	0%
Number of Appeals that Reversed the decision	0	4	1	1	2	1
Percentage of Appeals that Reversed the decision	0%	44%	33%	33%	100%	100%
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%	20%	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%

<b>Indemnity - CT General</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
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%

## Fully Insured Behavioral Health Statistics for 2022

<b>Indemnity - HPHC</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
Number of UR Requests Received	65	73	35	83	64	1
Number of UR Requests Denied	0	2	1	4	0	1
Percentage of UR Requests that were Denied	0%	3%	3%	5%	0%	100%
Number of Denials that were Appealed	0	1	0	0	0	0
Percentage of Denials that were Appealed	0%	50%	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%

<b>Indemnity - Oxford Health</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
Number of UR Requests Received	0	2	3	5	678	0
Number of UR Requests Denied	0	2	3	5	347	0
Percentage of UR Requests that were Denied	0%	100%	100%	100%	51%	0%
Number of Denials that were Appealed	0	1	0	5	2	0
Percentage of Denials that were Appealed	0%	50%	0%	100%	1%	0%
Number of Appeals that Reversed the decision	0	0	0	2	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	40%	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 2022

<b>Indemnity - United</b>	<b>Acute Inpatient</b>	<b>Residential</b>	<b>Partial Hospitalization</b>	<b>Intensive Outpatient</b>	<b>Routine Outpatient</b>	<b>Substance Abuse Detox</b>
Number of UR Requests Received	456	495	206	1,103	1,330	56
Number of UR Requests Denied	1	15	3	26	779	5
Percentage of UR Requests that were Denied	0%	3%	1%	2%	59%	9%
Number of Denials that were Appealed	1	5	2	4	1	0
Percentage of Denials that were Appealed	100%	33%	67%	15%	0%	0%
Number of Appeals that Reversed the decision	0	1	0	1	0	0
Percentage of Appeals that Reversed the decision	0%	20%	0%	25%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	1	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	100%	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

Diagnosed Mental Health Disorders	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
<b>The percentage of members 1 year of age and older as of December 31, 2022, who were continuously enrolled in 2022, who were diagnosed with a mental health disorder during 2022.</b>						
(a) members ages 1 through 17 years of age, diagnosed with a mental health disorder	23%	27%	24%	19%	30%	17%
(b) members ages 18 through 64 years of age, diagnosed with a mental health disorder	37%	34%	30%	25%	31%	20%

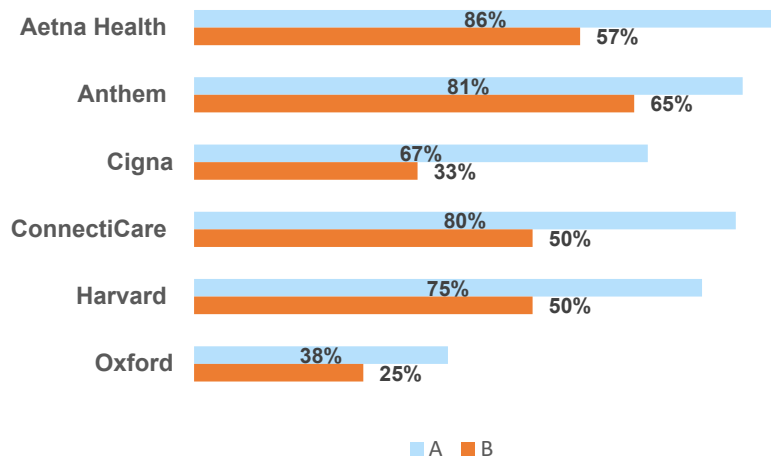
Diagnosed With Substance Use Disorders	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
<b>The percentage of members 13 years of age and older as of December 31, 2022, who were continuously enrolled in 2022, who were diagnosed with a substance use disorder during 2022</b>						
<b>Members age 13 through 17 years of age who:</b>						
(a) diagnosed with an alcohol disorder	0%	0%	0%	1%	0%	0%
(b) diagnosed with an opioid disorder	0%	0%	0%	0%	0%	0%
(c) diagnosed with a disorder for other or unspecified drugs	0%	1%	0%	1%	0%	0%
(d) diagnosed with any substance use disorder	0%	1%	0%	1%	0%	0%
<b>Members age 18 through 64 years of age who:</b>						
(a) diagnosed with an alcohol disorder	1%	1%	1%	1%	2%	1%
(b) diagnosed with an opioid disorder	0%	0%	0%	0%	1%	1%
(c) diagnosed with a disorder for other or unspecified drugs	1%	1%	1%	1%	1%	1%
(d) diagnosed with any substance use disorder	2%	2%	2%	2%	3%	2%

## 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, 2022, 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.

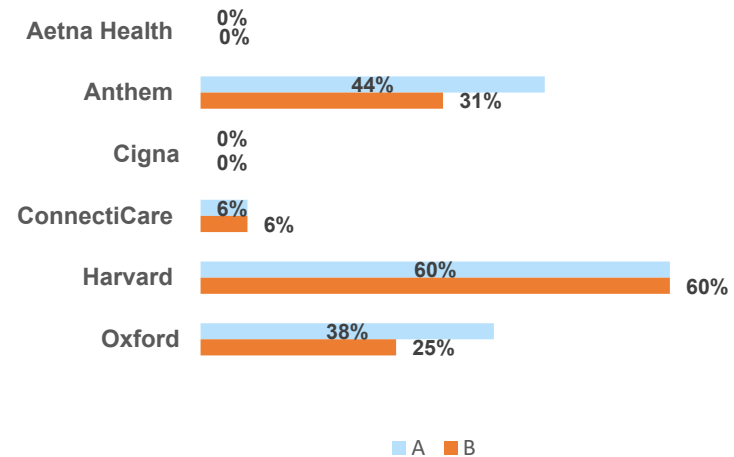
- (A) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 30 days after the ED visit.
- (B) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental 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, 2022, 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

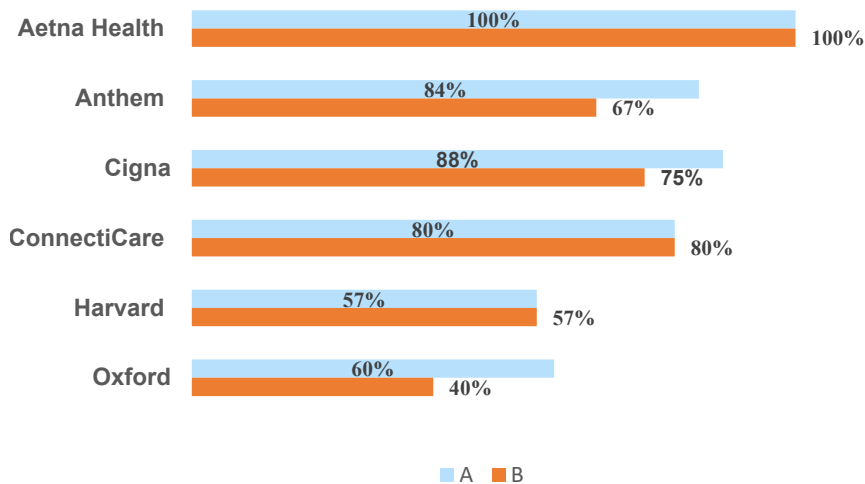


## Mental Health Measures / Usage - Health Maintenance Organizations

### 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, 2022.

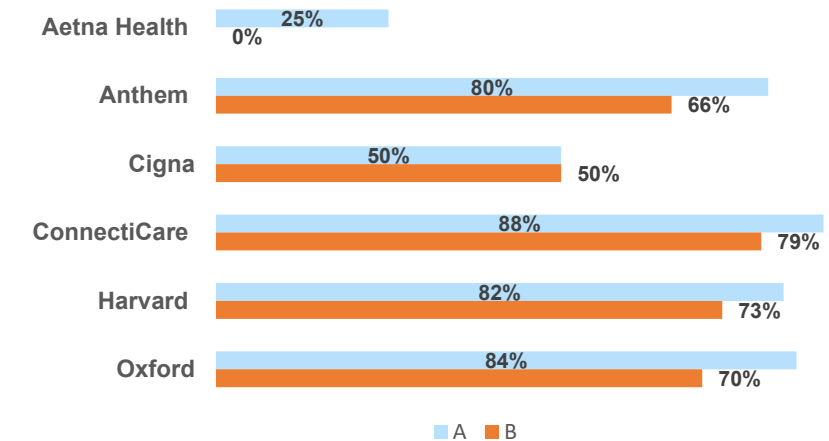
- (A) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.
- (B) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.



### Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2022, 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).



## Mental Health Measures / Usage - Indemnity Managed Care Organizations

Diagnosed Mental Health Disorders	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
<b>The percentage of members 1 year of age and older as of December 31, 2022, who were continuously enrolled in 2022, who were diagnosed with a mental health disorder during 2022.</b>									
(a) members ages 1 through 17 years of age, diagnosed with a mental health disorder	21%	21%	22%	20%	24%	0%	30%	20%	22%
(b) members ages 18 through 64 years of age, diagnosed with a mental health disorder	27%	26%	27%	23%	27%	0%	36%	24%	26%

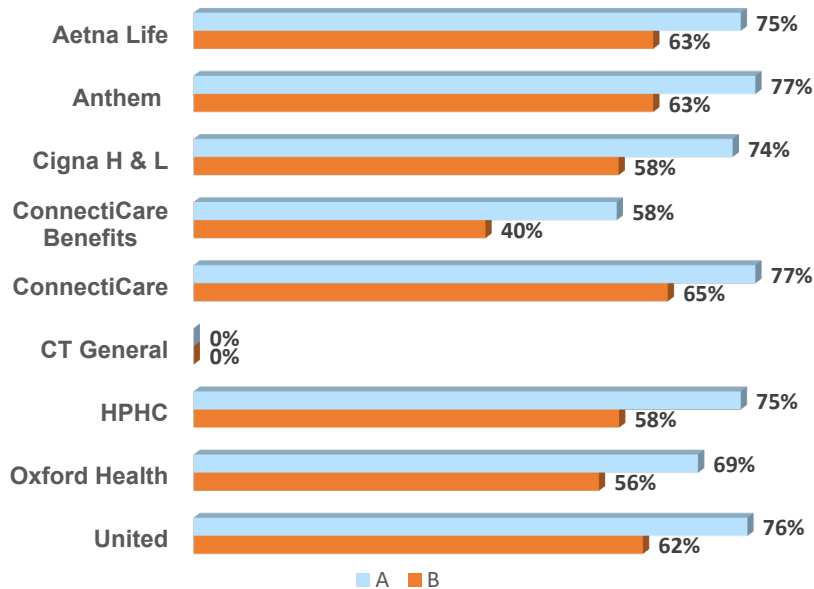
Diagnosed With Substance Use Disorders	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
<b>The percentage of members 13 years of age and older as of December 31, 2022, who were continuously enrolled in 2022, who were diagnosed with a substance use disorder during 2022</b>									
<b>Members age 13 through 17 years of age who:</b>									
(a) diagnosed with an alcohol disorder	0%	0%	0%	0%	0%	0%	0%	0%	0%
(b) diagnosed with an opioid disorder	0%	0%	0%	0%	0%	0%	0%	0%	0%
(c) diagnosed with a disorder for other or unspecified drugs	1%	0%	0%	0%	0%	0%	0%	1%	0%
(d) diagnosed with any substance use disorder	1%	1%	0%	1%	1%	0%	0%	1%	0%
<b>Members age 18 through 64 years of age who:</b>									
(a) diagnosed with an alcohol disorder	1%	1%	1%	2%	2%	0%	2%	1%	1%
(b) diagnosed with an opioid disorder	0%	0%	0%	1%	1%	0%	1%	1%	0%
(c) diagnosed with a disorder for other or unspecified drugs	1%	1%	1%	1%	1%	0%	1%	1%	1%
(d) diagnosed with any substance use disorder	2%	3%	2%	2%	2%	0%	3%	2%	2%

## 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, 2022, 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.

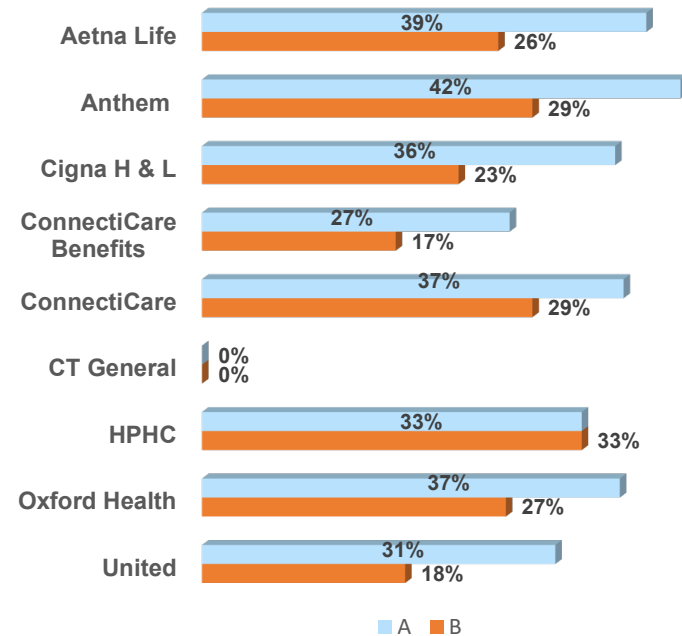
- (A) who had a follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 30 days after the ED visit.
- (B) who had a follow-up visit with any practitioner, with a principal diagnosis of 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, 2022, 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.

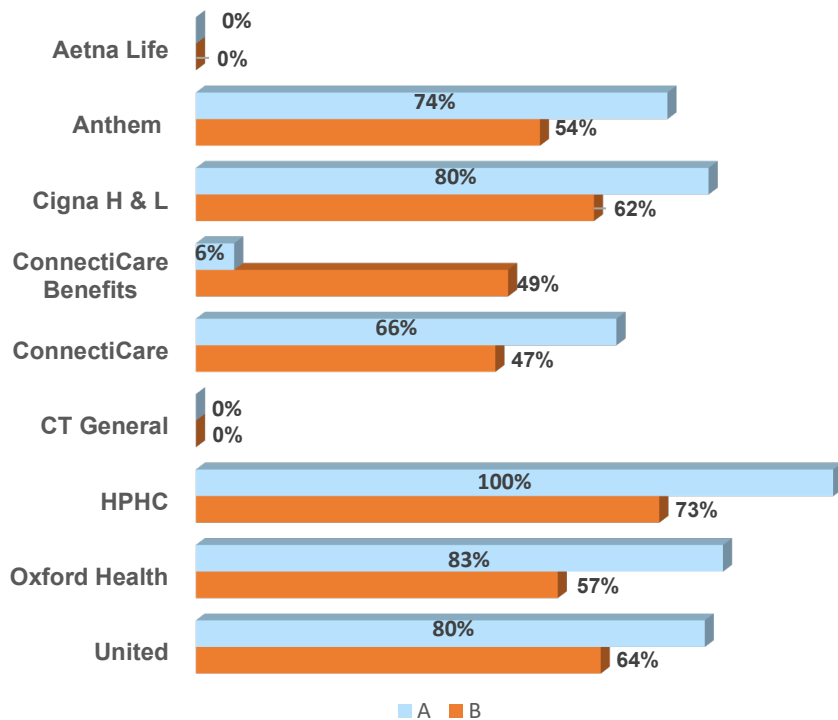


## Mental Health Measures / Usage - Indemnity Managed Care Organizations

### 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, 2022.

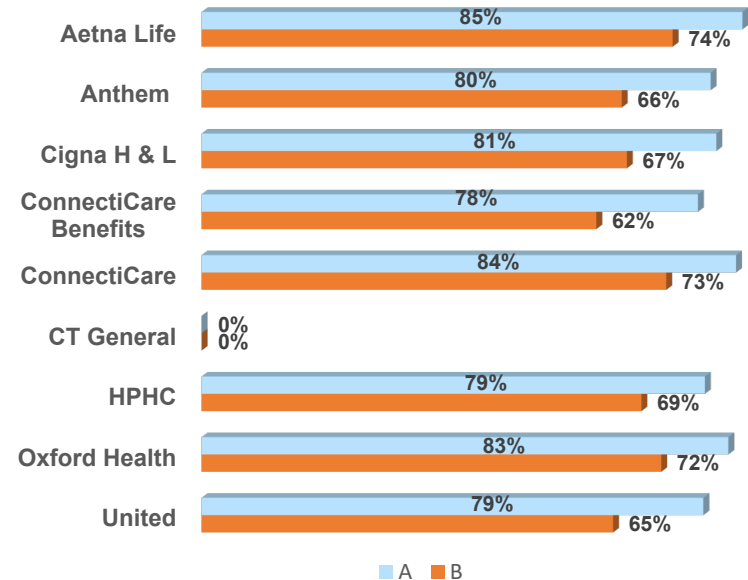
- (A) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.
- (B) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.



### Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2022, 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, 2022, through Dec. 31, 2022, for each of the following.	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
<b>Mental Health</b>						
(a) Inpatient	\$0.00	\$5.96	\$0.00	\$3.22	\$7.82	\$0.58
(b) Outpatient	\$25.31	\$16.02	\$0.00	\$8.77	\$11.24	\$19.11
<b>Total in column</b>	<b>\$25.31</b>	<b>\$21.99</b>	<b>\$0.00</b>	<b>\$11.99</b>	<b>\$19.06</b>	<b>\$19.69</b>
<b>Substance Abuse or Dependency</b>						
(a) Inpatient	\$0.00	\$2.66	\$0.00	\$0.20	\$7.96	\$3.76
(b) Outpatient	\$0.00	\$2.72	\$0.00	\$0.24	\$1.14	\$3.60
<b>Total in column</b>	<b>\$0.00</b>	<b>\$5.38</b>	<b>\$0.00</b>	<b>\$0.45</b>	<b>\$9.10</b>	<b>\$7.36</b>
<b>Medical</b>						
(a) Inpatient	\$50.92	\$88.65	\$0.00	\$151.47	\$84.84	\$102.93
(b) Outpatient	\$366.72	\$318.83	\$76.60	\$372.04	\$282.32	\$337.15
<b>Total in column</b>	<b>\$417.64</b>	<b>\$407.48</b>	<b>\$76.60</b>	<b>\$523.51</b>	<b>\$367.16</b>	<b>\$440.08</b>
<b>Total All Claims (sum of above categories)</b>						
(a) Inpatient	\$50.92	\$97.28	\$0.00	\$154.89	\$100.61	\$107.27
(b) Outpatient	\$392.03	\$337.57	\$76.60	\$381.06	\$294.71	\$359.86
<b>Total in column</b>	<b>\$442.95</b>	<b>\$434.85</b>	<b>\$76.60</b>	<b>\$535.95</b>	<b>\$395.32</b>	<b>\$467.13</b>

## HMO - Claim Reporting - Claim Denial Data

	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
<b>The total number of claims received for the period.</b>	<b>1,745</b>	<b>75,498</b>	<b>22</b>	<b>207,532</b>	<b>45,876</b>	<b>184,034</b>
<b>1) Provide the number of denials of the total in each of the following:</b>						
(a) "not a covered benefit"	28	15	2	3,725	12	12,385
(b) "not medically necessary"	0	40	0	90	73	0
(c) "not an eligible enrollee/dependent"	403	511	0	14,102	2	1,440
(d) "incomplete submission"	230	5,150	1	5,077	272	1,566
(e) "duplicate submission"	15	2,123	0	26,981	749	4,897
(f) "all other miscellaneous"	153	6,058	4	147,666	3,368	10,892
<b>2) Provide the denials as a percent of the total claims for the following:</b>						
(a) "not a covered benefit"	1.60%	0.02%	9.09%	1.79%	0.03%	6.73%
(b) "not medically necessary"	0.00%	0.05%	0.00%	0.04%	0.16%	0.00%
(c) "not an eligible enrollee/dependent"	23.09%	0.68%	0.00%	6.80%	0.00%	0.78%
(d) "incomplete submission"	13.18%	6.82%	4.55%	2.45%	0.59%	0.85%
(e) "duplicate submission"	0.86%	2.81%	0.00%	13.00%	1.63%	2.66%
(f) "all other miscellaneous"	8.77%	8.02%	18.18%	71.15%	7.34%	5.92%



## HMO Claim Reporting -Claim Denial Data (continued)

	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
<b>3) Provide the number of internal appeals of denials in each of the following:</b>						
(a) "not a covered benefit"	0	14	0	37	12	0
(b) "not medically necessary"	0	0	0	37	26	0
(c) "not an eligible enrollee/dependent"	0	35	0	0	0	0
(d) "incomplete submission"	0	0	0	30	0	0
(e) "duplicate submission"	0	0	0	0	0	2
(f) "all other miscellaneous"	0	336	0	202	0	17
<b>4) Provide the internal appeals as a percent of the total claims for the following:</b>						
(a) "not a covered benefit"	0.00%	0.02%	0.00%	0.02%	0.03%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.00%	0.02%	0.06%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.45%	0.00%	0.10%	0.00%	0.01%
<b>5) Provide the number of internal appeals reversed on appeal in each of the following:</b>						
(a) "not a covered benefit"	0	2	0	21	1	0
(b) "not medically necessary"	0	0	0	17	16	0
(c) "not an eligible enrollee/dependent"	0	18	0	0	0	0
(d) "incomplete submission"	0	0	0	8	0	0
(e) "duplicate submission"	0	0	0	0	0	0
(f) "all other miscellaneous"	0	116	0	91	0	4
<b>6) Provide the reversed appeals as a percent of the total claims for the following:</b>						
(a) "not a covered benefit"	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.00%	0.01%	0.03%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.15%	0.00%	0.04%	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, 2022, through Dec. 31, 2022, for each of the following.	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
<b>Mental Health</b>									
(a) Inpatient	\$4.68	\$6.56	\$4.43	\$2.06	\$4.05	\$0.00	\$6.24	\$4.32	\$5.26
(b) Outpatient	\$12.12	\$16.28	\$15.72	\$6.25	\$8.50	\$2.79	\$10.02	\$26.30	\$22.35
<b>Total in column</b>	<b>\$16.80</b>	<b>\$22.83</b>	<b>\$20.15</b>	<b>\$8.31</b>	<b>\$12.54</b>	<b>\$2.79</b>	<b>\$16.26</b>	<b>\$30.62</b>	<b>\$27.61</b>
<b>Substance Abuse or Dependency</b>									
(a) Inpatient	\$1.23	\$3.40	\$3.49	\$0.15	\$0.09	\$0.00	\$3.33	\$4.25	\$3.41
(b) Outpatient	\$1.36	\$3.49	\$2.06	\$0.27	\$0.31	\$0.00	\$1.54	\$3.71	\$3.41
<b>Total in column</b>	<b>\$2.59</b>	<b>\$6.90</b>	<b>\$5.55</b>	<b>\$0.42</b>	<b>\$0.40</b>	<b>\$0.00</b>	<b>\$4.87</b>	<b>\$7.96</b>	<b>\$6.82</b>
<b>Medical</b>									
(a) Inpatient	\$83.53	\$118.83	\$134.17	\$127.32	\$155.43	\$16.36	\$131.65	\$127.20	\$123.13
(b) Outpatient	\$216.55	\$359.37	\$277.23	\$307.23	\$395.43	\$505.05	\$347.57	\$387.00	\$383.97
<b>Total in column</b>	<b>\$300.08</b>	<b>\$478.19</b>	<b>\$411.40</b>	<b>\$434.55</b>	<b>\$550.87</b>	<b>\$521.41</b>	<b>\$479.23</b>	<b>\$514.20</b>	<b>\$507.10</b>
<b>Total All Claims (sum of above categories)</b>									
(a) Inpatient	\$89.44	\$128.79	\$142.09	\$129.53	\$159.57	\$16.36	\$141.23	\$135.77	\$131.80
(b) Outpatient	\$230.03	\$379.14	\$295.01	\$313.75	\$404.24	\$507.84	\$359.14	\$417.01	\$409.73
<b>Total in column</b>	<b>\$319.47</b>	<b>\$507.92</b>	<b>\$437.10</b>	<b>\$443.29</b>	<b>\$563.81</b>	<b>\$524.20</b>	<b>\$500.37</b>	<b>\$552.78</b>	<b>\$541.53</b>

## Indemnity – Claim Reporting-Claim Denial Data

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
<b>The total number of claims received for the period.</b>	<b>651,244</b>	<b>1,360,474</b>	<b>791,005</b>	<b>868,071</b>	<b>646,236</b>	<b>397</b>	<b>103,330</b>	<b>1,532,008</b>	<b>1,319,470</b>
<b>1) Provide the number of denials of the total in each of the following:</b>									
(a) "not a covered benefit"	80,468	1,228	12,243	13,423	12,300	74	695	67,257	104,837
(b) "not medically necessary"	12	1,276	12,267	419	323	2	289	0	11,669
(c) "not an eligible enrollee/dependent"	18,590	32,108	3,159	60,059	30,929	1	9	9,419	21,810
(d) "incomplete submission"	21,616	51,917	94,419	18,173	16,971	33	801	3,748	23,219
(e) "duplicate submission"	5,797	32,894	1,148	106,882	77,953	0	2,823	35,158	16,053
(f) "all other miscellaneous"	74,809	55,190	12,243	603,656	463,231	1	10,307	108,451	62,558
<b>2) Provide the denials as a percent of the total claims for the following:</b>									
(a) "not a covered benefit"	12.36%	0.09%	1.55%	1.55%	1.90%	18.64%	0.67%	4.39%	7.95%
(b) "not medically necessary"	0.00%	0.09%	1.55%	0.05%	0.05%	0.50%	0.28%	0.00%	0.88%
(c) "not an eligible enrollee/dependent"	2.85%	2.36%	0.40%	6.92%	4.79%	0.25%	0.01%	0.61%	1.65%
(d) "incomplete submission"	3.32%	3.82%	11.94%	2.09%	2.63%	8.31%	0.78%	0.24%	1.76%
(e) "duplicate submission"	0.89%	2.42%	0.15%	12.31%	12.06%	0.00%	2.73%	2.29%	1.22%
(f) "all other miscellaneous"	11.49%	4.06%	1.55%	69.54%	71.68%	0.25%	9.97%	7.08%	4.74%

## Indemnity - Claim Reporting – Claim Denial Data Continued

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
<b>3) Provide the number of internal appeals of denials in each of the following:</b>									
(a) "not a covered benefit"	17	28	0	280	174	0	13	4	80
(b) "not medically necessary"	4	0	948	214	123	0	72	0	5
(c) "not an eligible enrollee/dependent"	0	8	0	0	0	0	0	2	7
(d) "incomplete submission"	1	0	0	89	67	0	0	711	200
(e) "duplicate submission"	0	0	0	0	0	0	0	23	70
(f) "all other miscellaneous"	37	378	67	1,147	791	0	0	401	424
<b>4) Provide the internal appeals as a percent of the total claims for the following:</b>									
(a) "not a covered benefit"	0.00%	0.00%	0.00%	0.03%	0.03%	0.00%	0.01%	0.00%	0.01%
(b) "not medically necessary"	0.00%	0.00%	0.12%	0.02%	0.02%	0.00%	0.07%	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%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.05%	0.02%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
(f) "all other miscellaneous"	0.01%	0.03%	0.01%	0.13%	0.12%	0.00%	0.00%	0.03%	0.03%
<b>5) Provide the number of internal appeals reversed on appeal in each of the following:</b>									
(a) "not a covered benefit"	2	7	0	148	100	0	2	1	46
(b) "not medically necessary"	0	0	446	98	71	0	46	0	1
(c) "not an eligible enrollee/dependent"	0	3	0	0	0	0	0	0	0
(d) "incomplete submission"	0	0	0	24	25	0	0	0	0
(e) "duplicate submission"	0	0	0	0	0	0	0	0	0
(f) "all other miscellaneous"	10	67	67	583	424	0	0	51	76
<b>6) Provide the reversed appeals as a percent of the total claims for the following:</b>									
(a) "not a covered benefit"	0.00%	0.00%	0.00%	0.02%	0.02%	0.00%	0.00%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.06%	0.01%	0.01%	0.00%	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%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.00%	0.01%	0.07%	0.07%	0.00%	0.00%	0.00%	0.01%

## Federal Medical Loss Ratio by Carrier

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

	Individual Market - 80%	Small Group Market - 80%	Large Group Market - 85%
<b>HMO</b>			
	<b>Individual</b>	<b>Small Group</b>	<b>Large Group</b>
Aetna Health	NR	NR	NR
Anthem	86.40%	76.80%	93.20%
Cigna	N/A	N/A	58.30%
ConnectiCare	84.00%	NR	86.80%
Harvard	NA	95.20%	103.10%
Oxford	NA	102.30%	91.90%
<b>Indemnity</b>			
	<b>Individual</b>	<b>Small Group</b>	<b>Large Group</b>
Aetna Life	NR	110.30%	88.20%
Anthem	86.40%	76.80%	93.20%
Cigna H & L	-78.00%	99.00%	93.90%
ConnectiCare Benefits	87.90%	94.80%	N/A
ConnectiCare	85.60%	91.00%	N/A
CT General	36.80%	N/A	N/A
HPhC	NA	87.70%	97.30%
Oxford Health	NA	89.30%	N/A
United	-42.10%	82.80%	89.80%

**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.

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