



Managed Care Report

To

Governor Ned Lamont
Insurance and Real Estate Committee
Public Health Committee
Pursuant to C.G.S. Sec. 38a-478a

Presented by

Connecticut Insurance Department
Josh Hershman,
Insurance Commissioner

March 1, 2026

The Insurance Department's annual report on the regulation of Managed Care in Connecticut offers an overview of the Department's regulatory and enforcement activity of Managed Care Organizations (MCOs) for the calendar year 2025.

The Department employs a multi-pronged regulatory approach of oversight, advocacy, education, licensing, and enforcement in carrying out our mission of consumer protection. This report highlights activities of our Life & Health, Consumer Affairs and Market Conduct divisions, which ensure products comply with state laws and regulations before they can be marketed to Connecticut consumers and that carriers are providing the benefits of which their customers are entitled. The Department's regulatory responsibility also includes monitoring network adequacy and the lists of drugs – or formularies – that insurers cover.

Also included in this report is our licensing activity of Utilization Review (UR) companies and Independent Review Organizations (IROs), which play key roles in providing consumers access to medically necessary treatment and in the appeals of claim denials. We also list the number of licensed Preferred Provider Networks (PPN), Pharmacy Benefit Managers (PBM) and Medical Discount Plans (MDP).

Consumer advocacy, education and outreach continue to be one of our prime focuses. In 2025, we recovered more than \$6 million on behalf of insurance customers who benefited from Department intervention. Of that nearly \$3.5 million was health insurance recoveries. Our commitment to education consumers included outreach events in 2025 and our annual [Consumer Report Card](#), giving individuals, families and businesses information to make informed choices about health insurance plans.

We hope you find this report informative.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Josh Hershman', is positioned above the printed name.

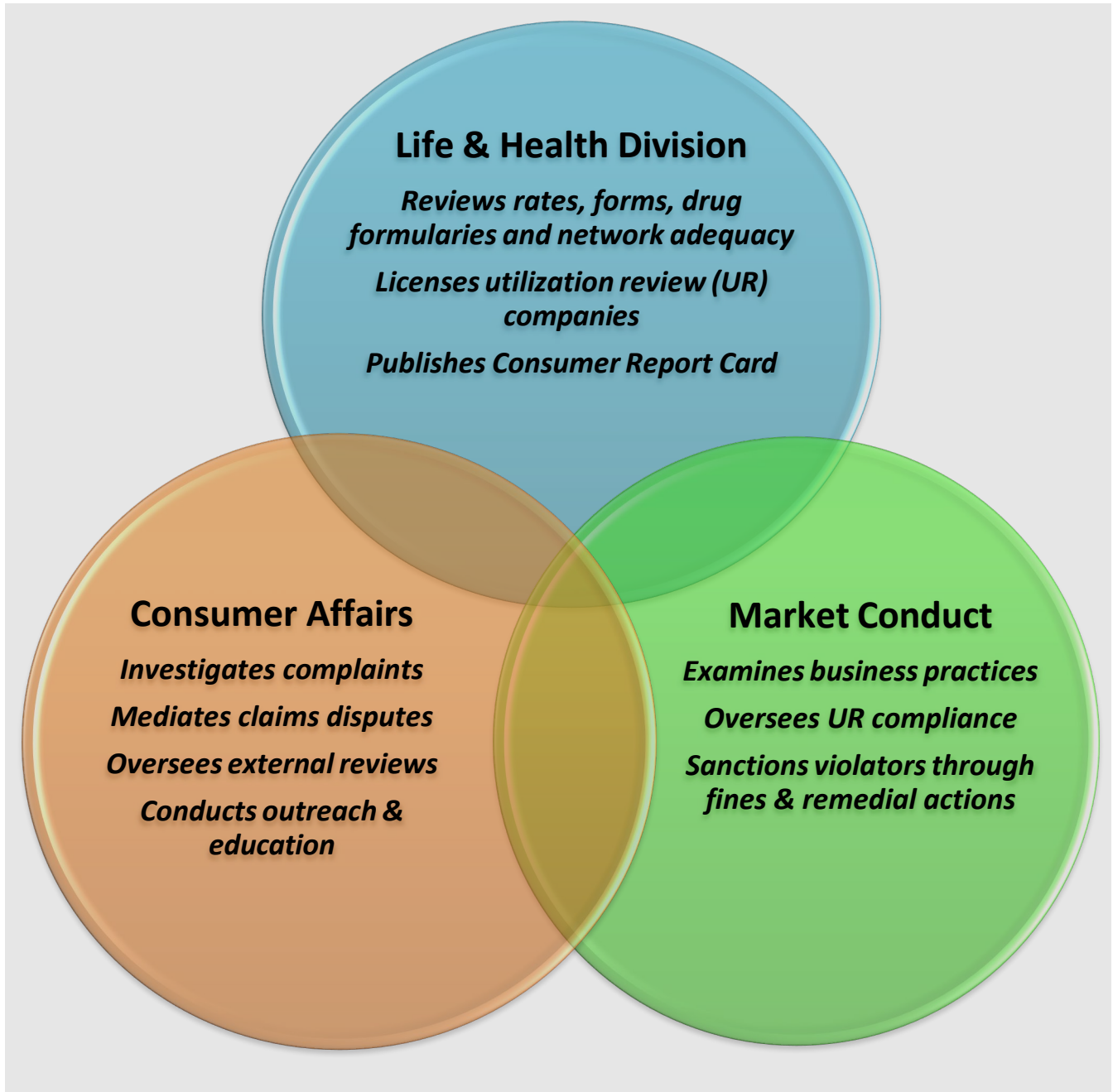
Josh Hershman
Insurance Commissioner

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I. Insurance Department Organizational Chart

Of the 10 core divisions that make up the Insurance Department, there are three (3) divisions that have direct oversight of Managed Care:



II. Licensed Managed Care Organizations (MCOs) in Connecticut as of December 31, 2025

Managed Care Organization	Website
Aetna Better Health Inc.	www.aetnabetterhealth.com
Aetna Health Inc	www.aetna.com
Anthem Health Plans, Inc	www.anthem.com
CarePartners of Connecticut, Inc.	www.carepartnersct.com
Cigna HealthCare of Connecticut, Inc	www.cigna.com
ConnectiCare Inc	www.connecticare.com
Connecticut Dental Practice Organization, Inc.	WWW.BENECARE.COM
HNE of Connecticut, Inc.	www.HNE.com
Mount Carmel Health Plan of Connecticut, Inc.	WWW.MEDIGOLD.COM
Oxford Health Plans (CT), Inc	www.oxfordhealth.com
WellCare of Connecticut, Inc.	www.wellcare.com

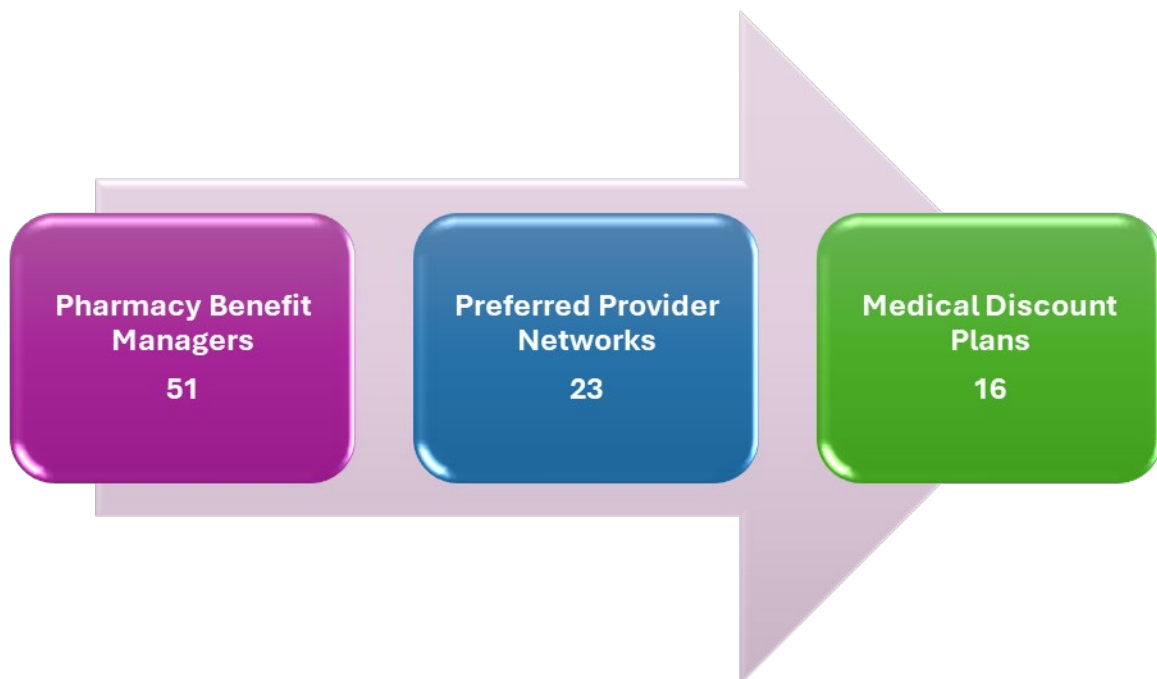
III. Other Licensed Entities

The Department also licenses and/or registers medical services providers other than managed care organizations that consumers use when accessing health care.

Those entities, Preferred Provider Networks (PPNs) and Pharmacy Benefit Managers (PBMs) contract with health insurers to offer provider networks and pharmacy benefits, respectively.

Others, such as Medical Discount Plans (MDP) provide consumers the opportunity to access medical services at discounted rates.

Below is the Department's 2026 licensing/registration activity of these providers:



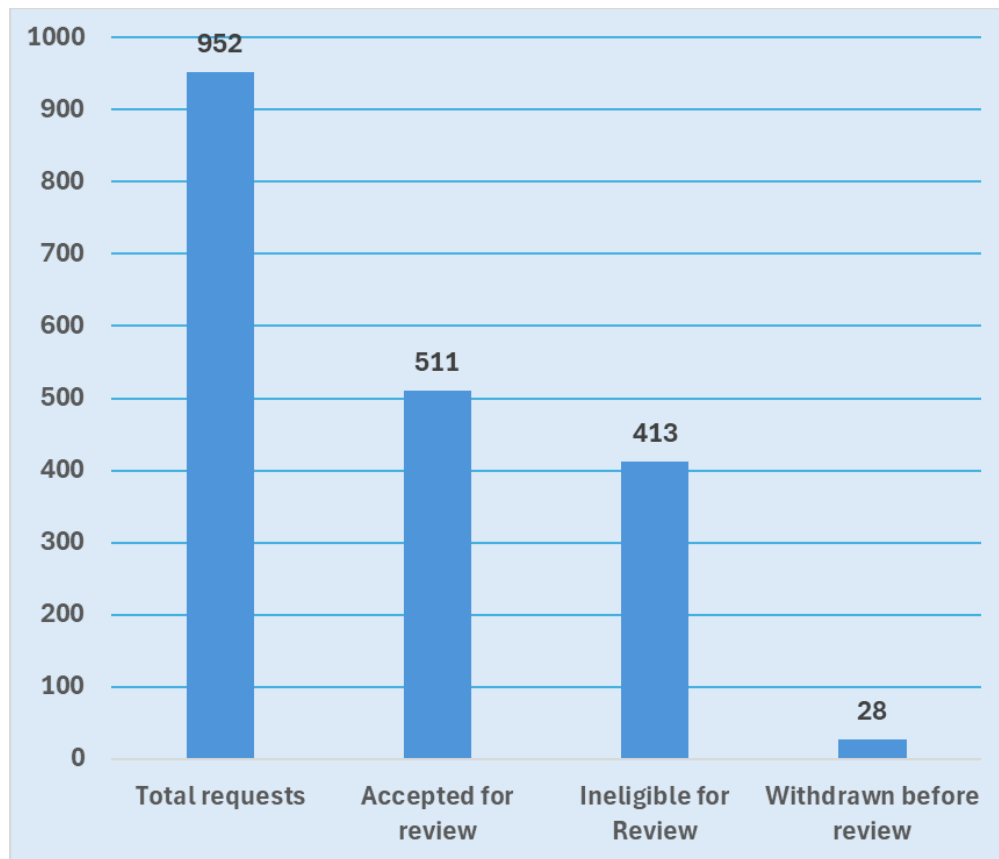
IV. External Appeal Process

Independent Review Organizations (IROs) Licensed in 2025.

Below are the four companies chosen through a competitive bidding process that provided independent external reviews of appeals of health insurance denials from January 1, 2025, to December 31, 2025.

Independent Review Organization	Address
IMPROVe Health	Grand Rapids, MI
MAXIMUS Federal Services, Inc.	Reston, VA
MMRO	Novi, MI
National Medical Reviews, Inc.	Southampton, PA

External Review Requests in 2025



Accepted External Review Results in 2025



Insurance Department Resources for Appealing Denials

Individuals may appeal their denials with their health insurers and if unsuccessful, they have a right to an independent review through the [Connecticut Insurance Department's External Review Program](#).

Denials that are eligible for this program include medical necessity determinations, continued treatment stays, experimental/investigational denials, eligibility and rescission of coverage.

External Review Resources:

- [External Review Program – Frequently Asked Questions](#)
- [External Review Program Flyer](#)
- Request for [External Review form](#)

V. Utilization Review

Licensing

The Department licenses all utilization review (UR) companies, entities contracted by managed care organizations to review requests for services based on medical necessity and to determine if the recommended treatment is appropriate.

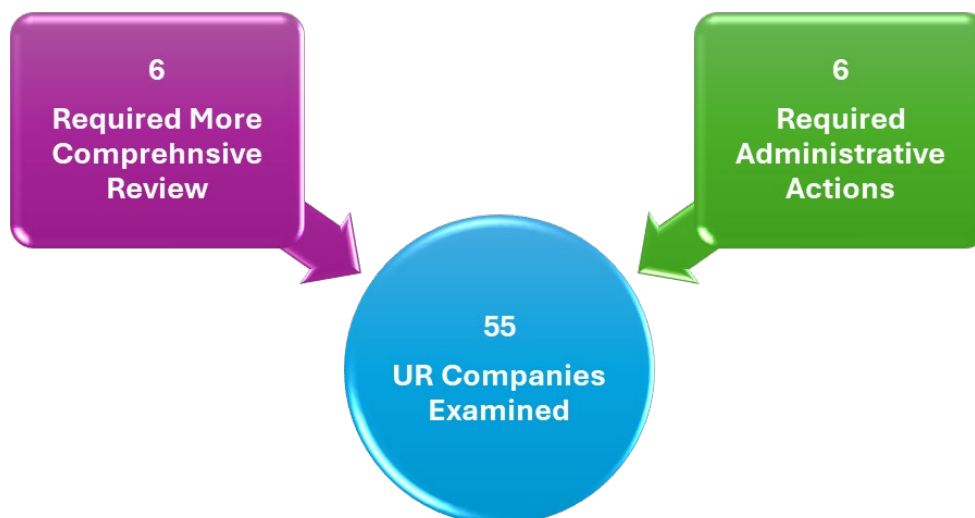
Utilization Review Companies	Issued in 2025	Pending
Renewals	55	0
New Licensees	4	1

Market Conduct

The Department's Market Conduct Division examines UR business practices for compliance with all state laws and regulations and [completed reviews are posted](#) on the Department Web site. Criteria reviewed are:

- Timeliness of decisions and notification requirements
- Adherence to confidentiality laws
- Use of relevant medical personnel
- Protocols updates to reflect changes in medicine and statute.

An overview of the Department's 2025 monitoring of UR companies:



Areas most frequently cited in 2025 for improvement:

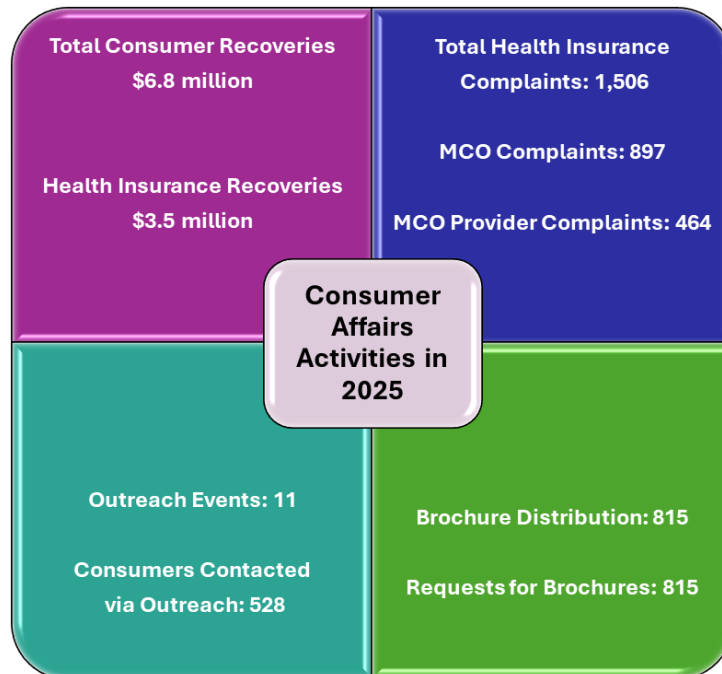
1. Failure to provide access to clinical criteria on carrier’s website.
2. Failure to use the determination letter approved by the Department.
3. Failure to include required appeal language in determination letters not to certify care.

VI. Consumer Advocacy & Outreach

The Consumer Affairs Unit (CAU) is the Department’s front line for policyholders. CAU Examiners are well-versed in state insurance law and field thousands of calls from the public each year, answering questions both simple and complex. The CAU is also an essential liaison between consumers and their insurers when complaints arise over claim denials and other health insurance coverage issues.

In addition, the CAU engages regularly with the public at numerous outreach events and maintains a free speakers’ bureau for organizations interested in providing programs that address topical insurance issues.

An overview of the Consumer Affairs Unit 2025 Activity:



A list of all insurance complaints fielded in 2025 by the Consumer Affairs Unit is on the [Department Web site](#) and on the [state’s Open Data Portal](#)

VII. Consumer Report Card on Health Insurance Carriers in Connecticut



Consumer Report Card On Health Insurance Carriers In Connecticut October 2025

Since 1998, the Department has published a [Consumer Report Card on Health Insurance Carriers in Connecticut](#) – that includes all health care centers, commonly referred to as HMOs – and up to 13 insurers with the highest premium volume in Connecticut, that offer Managed Care Plans.

The Department collects data by July 1 of each year and publishes the Report Card each October, updating it yearly to make more useful for consumers. The Department compiles and compares a number of quality measures, including provider networks, covered services and member satisfaction. The 2025 edition reflects data from 2024 calendar year.

Among the highlights of the 2025 edition is data on how insurance companies are doing in providing follow-up treatment for mental health and substance abuse care. Additionally, the 13 insurance companies and HMOs included in the 2025 Report Card received just over 9.5 million claims in 2024, a significant decrease from the just over 11.9 million claims they received in 2023.

Widely distributed and free of charge, the Consumer Report Card is posted online, shared through social media and available at outreach events and upon request.

In 2025, the following criteria were included in the Report Card:

- Number of providers, specialists, hospitals, and pharmacies by county
- Enrollment
- National Committee for Quality Assurance accreditation status
- Federal medical loss ratios
- Customer service information
- Breast cancer screening measures
- Cervical cancer screening measures
- Colorectal cancer screening measures
- Controlling high blood pressure measures
- Childhood and adolescent immunizations measures, including HPV vaccines
- Pre-natal and post-partum care
- Adult access to preventive care/ambulatory services
- Beta blocker treatments after a heart attack
- Eye exams for people with diabetes
- Claims paid data broken down by mental health/substance abuse and medical
- Member Satisfaction Survey results
- Utilization review statistics of medical necessity broken down by mental health/substance abuse and medical

All utilization Review (UR) reflecting denial and appeal rates for members:

- Authorization of Medical Necessity Coverage by Type
- Denial of Medical Necessity Coverage by Type
- Denials of Medical Necessity Upheld or Overturned by Type

Behavioral Health and Substance Abuse Metrics

Utilization Review (UR) statistics for Mental Health Services broken down by acute inpatient admissions, residential, partial hospitalization, intensive outpatient, routine outpatient, substance abuse detox:

- Number of UR request received
- Number of denials
- Percentage of UR request that were denied (including partials)
- Number of appealed denials
- Percentage of denials that were appealed
- Number of denials reversed on appeal
- Percentage of appealed denials that were reversed
- Number of upheld appeals that went to external appeal
- Percentage of upheld appeals that went to external appeal
- Number of external appeals that were reversed
- Percentage of external appeals that were reversed

Totals and percentage of members who received:

- Any mental health service
- Inpatient mental health service
- Intensive outpatient or partial hospitalization health services
- Outpatient mental health services after an emergency room visit
- Mental health disorder diagnosis

Total number of members who received:

- Any dependency services
- Inpatient dependency services
- Intensive outpatient or partial hospitalization dependency services
- Outpatient or ambulatory medication assessed treatment (MAT) dispensing event after an emergency room visit
- Substance use disorder diagnosis

Follow-up for mental illness for members 6 years and older:

- Percentage of members who had follow-up visit with a mental health practitioner within 30 days after the hospital discharge visit for mental health treatment

- Percentage of members who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge visit for mental health treatment
- Percentage of members 6 years and older who had a follow-up within 30 days after emergency department visit for mental health treatment
- Percentage of members 6 years and older who had a follow-up within 7 days after emergency department visit for mental health treatment

Percentage of members 18 years and older treated with antidepressant medication who met at least one of the following criteria during intake period:

- An outpatient, emergency department visit, telehealth visit, observation visit, intensive outpatient visit, partial hospitalization setting, or an inpatient stay with a diagnosis of major depression
- Those who remained on antidepressant medication for at least an 84-day period (12 weeks)
- Those who remained on antidepressant medication for at least 180 days (6 months)