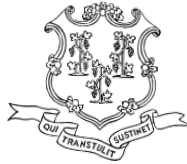




Consumer Report Card
On Health Insurance Carriers
In Connecticut
October 2021



Dear Health Insurance Customer:

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

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

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

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

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

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

Sincerely,

Andrew N. Mais
Commissioner

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Frequently Asked Questions

The information in this Report Card is based on data provided by the MCOs as of year-end 2020. This Report Card does not contain information on specific plans offered by the MCOs. Each MCO offers several different plans, and often tailors them to a specific policyholder's needs. You will need to get additional information from the MCO or your employer to make your choice. In addition to this Report Card, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

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

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

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

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

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

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

Q. Does this Report Card evaluate all benefit options?

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

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

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

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

A. No.

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

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

Q. How are health insurance premiums set?

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

Terms Consumers Should Know

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Terms Consumers Should Know (continued)

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

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

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

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

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

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

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

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

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

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

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

The National Committee for Quality Assurance is a not-for-profit organization that reviews quality and performance measures of HMOs and health plans, providing an independent standard of accountability. As plans are accredited they will be moved to the new rating system with one of the following levels: Accredited, Provisional or Interim. Accredited organizations will then be given a (1-5 stars) level of accreditation.

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

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

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

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

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

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

Managed Care Plan Comparison Worksheet

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

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

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

Managed Care Organizations Included in this Report

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

HMO

Abbreviated Name	Company Name	Website	Phone	Markets to Individuals	NCQA Accreditation
Aetna Health	Aetna Health Inc.	www.aetna.com	(800)-962-6842	No	Accredited
Anthem	Anthem Health Plans, Inc.	www.anthem.com	Multiple numbers based on market	Yes	Accredited
ConnectiCare	ConnectiCare, Inc.	www.connecticare.com	Toll-Free: (800)-221-7722, local: (800)-674-5757	Yes	Accredited
Harvard	Harvard Pilgrim Health Care, Inc.	www.harvardpilgrim.org	(888)-333-4742 (HPHC)	No	Not Applicable
Oxford	Oxford Health Plans (CT), Inc.	www.oxhp.com	(800)-666-1353	No	Commendable

Indemnity

Abbreviated Name	Company Name	Website	Phone	Markets to Individuals	NCQA Accreditation
Aetna Life	Aetna Life Insurance Company	www.aetna.com	(800)-962-6842	No	Accredited
Anthem	Anthem Health Plans, Inc.	www.anthem.com	Multiple numbers based on market	Yes	Accredited
Cigna H & L	Cigna Health and Life Insurance Company	www.cigna.com	1-(800)-244-6224	No	Accredited
ConnectiCare Benefits	ConnectiCare Benefits, Inc.	www.connecticare.com	Toll-Free: (800)-221-7722, local: (800)-674-5757	Yes	Accredited
ConnectiCare	ConnectiCare Insurance Company, Inc.	www.connecticare.com	Toll-Free: (800)-221-7722, local: (800)-674-5757	Yes	Accredited
HPHC	HPHC Insurance Company, Inc.	www.harvardpilgrim.org	(888)-333-4742 (HPHC)	No	Accredited
Oxford Health	Oxford Health Insurance, Inc.	www.oxhp.com	(800)-666-1353	No	Commendable
United	UnitedHealthcare Insurance Company	www.uhc.com	(800)-666-1353	No	Commendable

Managed Care Organizations - 2020 Enrollment

	Fully Insured			Other Enrollment			Total Enrollment		
	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans
HMO									
Aetna Health	0	3	72	0	0	171	0	3	243
Anthem	9,108	1,044	1,605	0	0	224,233	9,108	1,044	225,838
ConnectiCare	1,773	36	11,109	0	0	0	1,773	36	11,109
Harvard	0	4,883	2,110	0	0	0	0	4,883	2,110
Oxford	0	3,395	3,371	0	0	0	0	3,395	3,371
Totals	10,881	9,361	18,267	0	0	224,404	10,881	9,361	242,671

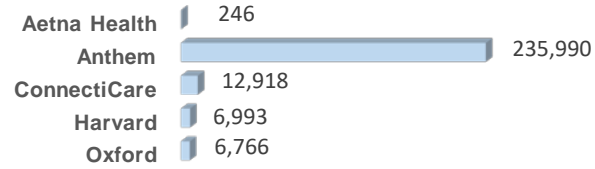
	Fully Insured			Other Enrollment			Total Enrollment		
	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans
INDEMNITY									
Aetna Life	0	1,166	55,805	0	17,626	238,044	0	18,792	293,849
Anthem	19,390	25,709	46,590	0	0	736,107	19,390	25,709	782,697
Cigna H & L	0	0	46,945	0	2,345	290,972	0	2,345	337,917
ConnectiCare Benefits	72,395	590	0	0	0	0	72,395	590	0
ConnectiCare	4,982	15,178	28,436	0	1,163	3,160	4,982	16,341	31,596
HPHC	0	4,937	8,479	0	0	3,332	0	4,937	11,811
Oxford Health	0	50,966	12,793	0	0	0	0	50,966	12,793
United	0	2,096	45,399	0	0	0	0	2,096	45,399
Totals	96,767	100,642	244,447	0	21,134	1,271,615	96,767	121,776	1,516,062

*Fully Insured plans do not include government sponsored plans.

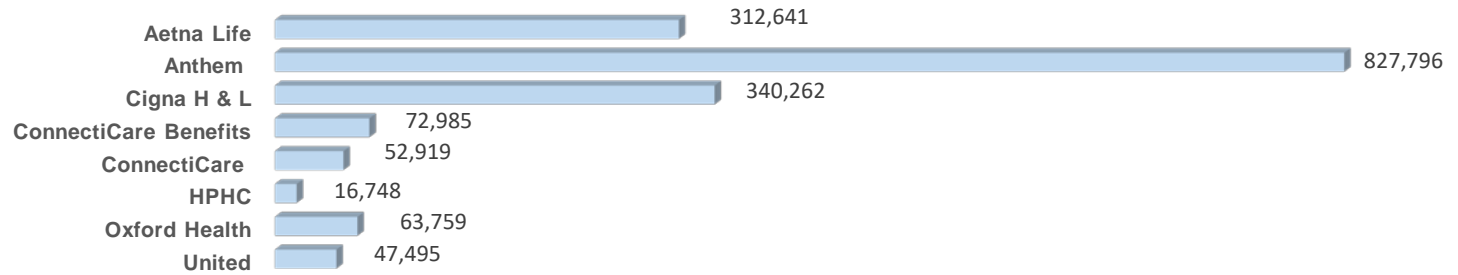
**Other Enrollment represents self-insured plans.

Managed Care Organizations - 2020 Enrollment

HMO

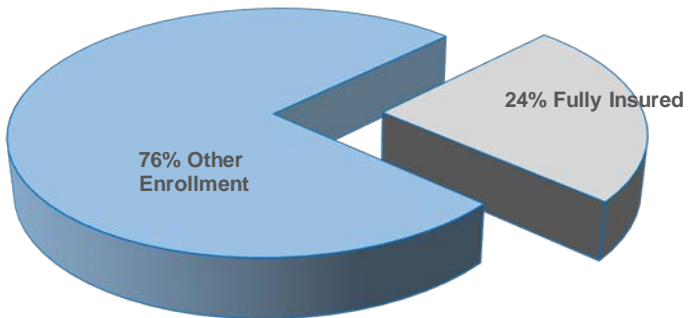


Indemnity

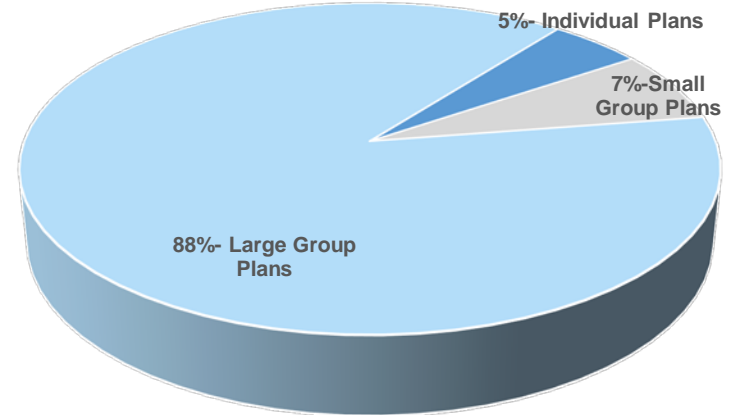


**Total Enrollment
1,997,518**

**Enrollment
Fully Insured vs. Other Enrollment**



Plan Type



Member Satisfaction

HMO	0 – 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna Health	4.5%	33.8%	61.7%
Anthem	2.1%	8.3%	89.6%
ConnectiCare	5.2%	34.2%	60.6%
Harvard	7.2%	34.5%	58.3%
Oxford	12.6%	39.7%	47.7%

Indemnity	0 - 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna Life	0.0%	30.0%	70.0%
Anthem	4.4%	26.0%	69.6%
Cigna H & L	4.6%	29.4%	66.0%
ConnectiCare Benefits	12.8%	46.6%	40.6%
ConnectiCare	10.0%	33.0%	57.0%
HPHC	5.6%	30.9%	63.5%
Oxford Health	13.3%	42.5%	44.2%
United	4.0%	32.4%	63.6%

Member Satisfaction Survey – HMO

	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.	20%	11%	2%	8%	2%
Percentage of those surveyed who responded	16%	21%	16%	12%	13%

Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	0.0%	1.1%	2.9%	0.0%	2.2%
	Sometimes	16.7%	10.6%	14.3%	12.8%	18.7%
	Usually	16.7%	35.0%	51.4%	33.3%	31.3%
	Always	66.6%	53.3%	31.4%	53.9%	47.8%

Q2) In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Never	0.0%	0.9%	5.0%	0.0%	1.7%
	Sometimes	13.3%	11.4%	17.5%	17.3%	17.7%
	Usually	26.7%	27.4%	27.5%	30.8%	32.0%
	Always	60.0%	60.3%	50.0%	51.9%	48.6%

Q3) In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Never	0.0%	1.7%	8.7%	0.0%	1.2%
	Sometimes	0.0%	7.6%	8.7%	3.8%	11.1%
	Usually	0.0%	21.0%	8.7%	15.4%	18.5%
	Always	100.0%	69.7%	73.9%	80.8%	69.1%

Q4) In the last 12 months, how often was it easy to get care, tests, or treatment, you needed?	Never	0.0%	0.5%	4.7%	0.0%	0.0%
	Sometimes	0.0%	3.9%	9.3%	9.4%	8.8%
	Usually	37.5%	33.2%	25.5%	37.7%	33.0%
	Always	62.5%	62.4%	60.5%	52.9%	58.2%

Q5) In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	0.0%	1.3%	9.5%	4.5%	1.4%
	Sometimes	0.0%	9.5%	9.5%	13.6%	10.0%
	Usually	83.3%	32.4%	33.4%	40.9%	21.4%
	Always	16.7%	56.8%	47.6%	41.0%	67.1%

Member Satisfaction Survey – Indemnity

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.	100%	7%	5%	2%	3%	9%	2%	3%
Percentage of those surveyed who responded	13%	21%	20%	21%	11%	13%	9%	13%

Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	0.0%	2.1%	1.0%	8.0%	0.0%	2.6%	1.4%	1.8%
	Sometimes	16.7%	12.4%	14.6%	15.4%	13.0%	17.8%	18.6%	8.2%
	Usually	50.0%	27.8%	41.2%	27.8%	24.0%	30.3%	21.4%	38.2%
	Always	33.3%	57.7%	43.2%	48.8%	63.0%	49.3%	58.6%	51.8%

Q2) In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Never	0.0%	2.4%	2.0%	6.1%	3.0%	1.5%	1.2%	2.0%
	Sometimes	14.3%	12.2%	15.0%	11.2%	12.0%	12.6%	22.4%	10.8%
	Usually	28.6%	26.0%	31.6%	30.4%	22.0%	37.4%	25.9%	33.8%
	Always	57.1%	59.4%	51.4%	52.3%	63.0%	48.5%	50.6%	53.4%

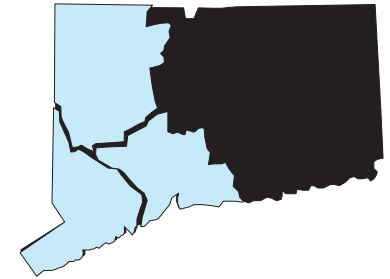
Q3) In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Never	0.0%	2.0%	0.0%	9.6%	3.0%	1.1%	0.0%	0.0%
	Sometimes	50.0%	7.8%	14.7%	8.8%	7.0%	11.4%	15.6%	19.1%
	Usually	0.0%	27.5%	23.5%	24.6%	14.0%	31.8%	21.9%	21.3%
	Always	50.0%	62.7%	61.8%	57.0%	76.0%	55.7%	62.5%	59.6%

Q4) In the last 12 months, how often was it easy to get care, tests, or treatment, you needed?	Never	0.0%	1.6%	1.2%	2.9%	1.0%	0.5%	0.0%	0.7%
	Sometimes	0.0%	8.2%	8.1%	13.6%	7.0%	11.3%	9.4%	11.4%
	Usually	28.6%	35.3%	36.4%	31.6%	33.0%	33.0%	35.3%	32.2%
	Always	71.4%	54.9%	54.3%	51.9%	59.0%	55.2%	55.3%	55.7%

Q5) In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	0.0%	3.1%	1.1%	13.5%	3.0%	4.8%	4.5%	3.2%
	Sometimes	0.0%	25.0%	16.1%	25.3%	19.0%	8.4%	29.5%	14.3%
	Usually	100.0%	31.3%	36.6%	18.3%	31.0%	38.6%	31.8%	27.0%
	Always	0.0%	40.6%	46.2%	42.9%	47.0%	48.2%	34.1%	55.6%

Health Maintenance Organization

Number of Providers Located in Each Connecticut County



HMO	Fairfield County				New Haven County				Litchfield County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Health	1,239	2,820	6	157	1,562	3,575	7	180	318	785	3	38
Anthem	961	2,382	6	132	929	2,573	6	156	120	156	3	29
ConnectiCare	1,109	2,838	6	169	1,265	3,435	6	188	180	583	2	40
Harvard	706	3,024	6	163	724	5,578	5	189	86	370	3	41
Oxford	1,255	3,305	6	165	1,212	3,698	5	187	192	670	3	41

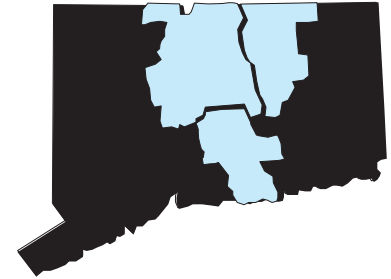
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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

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

Health Maintenance Organization

Number of Providers Located in Each Connecticut County



HMO	Hartford County				Tolland County				Middlesex County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Health	1,225	2,737	5	176	152	461	2	23	394	717	1	38
Anthem	1,081	2,310	6	146	105	51	2	19	186	177	1	28
ConnectiCare	1,336	3,662	7	178	148	260	2	24	240	446	1	40
Harvard	1,019	7,353	7	178	52	292	2	24	96	354	1	43
Oxford	1,097	3,177	7	177	133	388	2	24	219	507	1	40

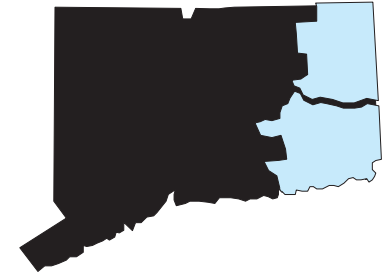
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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	297	807	2	48	141	372	2	23	5,328	12,274	28	683
Anthem	256	392	2	36	108	118	2	18	3,746	8,159	28	564
ConnectiCare	277	808	2	50	126	247	2	23	4,681	12,279	28	712
Harvard	176	940	2	55	85	258	2	23	2,944	18,169	28	716
Oxford	268	937	2	50	129	417	2	23	4,505	13,099	28	707

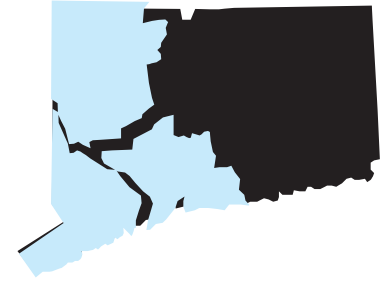
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/ GYN physicians are not considered to be primary care physicians for this tabulation.

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	1,239	2,820	6	157	1,562	3,575	7	180	318	785	3	38
Anthem	973	2,394	6	132	934	2,585	6	156	121	156	3	29
Cigna H & L	1,510	6,025	6	169	1,609	6,922	6	24	301	970	2	190
ConnectiCare Benefits	1,024	2,764	6	169	1,201	3,386	6	188	177	580	2	40
ConnectiCare	1,109	2,838	6	169	1,265	3,435	6	188	180	583	2	40
HPHC	706	3,024	6	163	724	5,578	5	189	86	370	3	41
Oxford Health	1,255	3,305	6	165	1,212	3,698	5	187	192	670	3	41
United	1,255	3,305	6	165	1,212	3,698	5	187	192	670	3	41

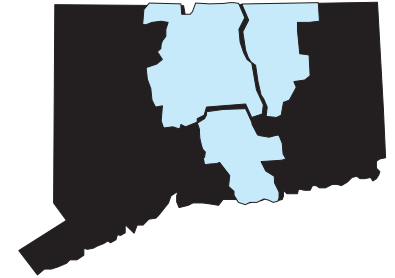
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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

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

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County



Indemnity Managed Care Organization	Hartford County				Tolland County				Middlesex County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Life	1,225	2,737	5	176	152	461	2	23	394	717	1	38
Anthem	1,083	2,326	6	146	105	51	2	19	186	181	1	28
Cigna H & L	1,410	6,708	7	182	153	843	2	50	272	988	1	40
ConnectiCare Benefits	1,236	3,551	7	178	144	257	2	24	236	429	1	40
ConnectiCare	1,336	3,662	7	178	148	260	2	24	240	446	1	40
HPHC	1,019	7,353	7	178	52	292	2	24	96	354	1	43
Oxford Health	1,097	3,177	7	177	133	388	2	24	219	507	1	40
United	1,097	3,177	7	177	133	388	2	24	219	507	1	40

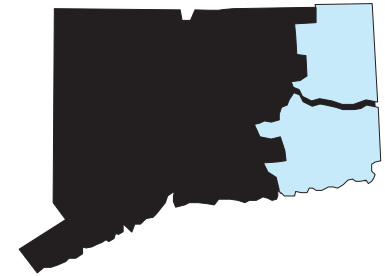
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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	297	807	2	48	141	372	2	23	5,328	12,274	28	683
Anthem	257	396	2	36	111	120	2	18	3,770	8,209	28	564
Cigna H & L	373	1,776	2	40	230	713	2	23	5,858	24,945	28	718
ConnectiCare Benefits	270	776	2	50	124	246	2	23	4,412	11,989	28	712
ConnectiCare	277	808	2	50	126	247	2	23	4,681	12,279	28	712
HPHC	176	940	2	55	85	258	2	23	2,944	18,169	28	716
Oxford Health	268	937	2	50	129	417	2	23	4,505	13,099	28	707
United	268	937	2	50	129	417	2	23	4,505	13,099	28	707

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.

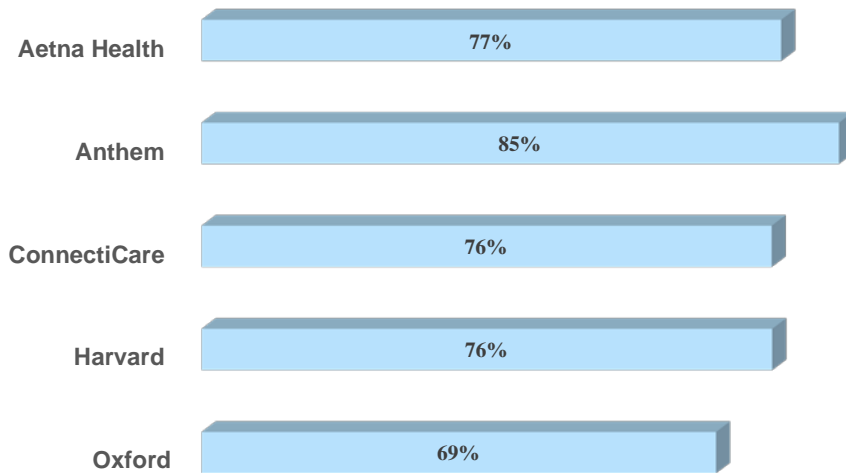
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more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

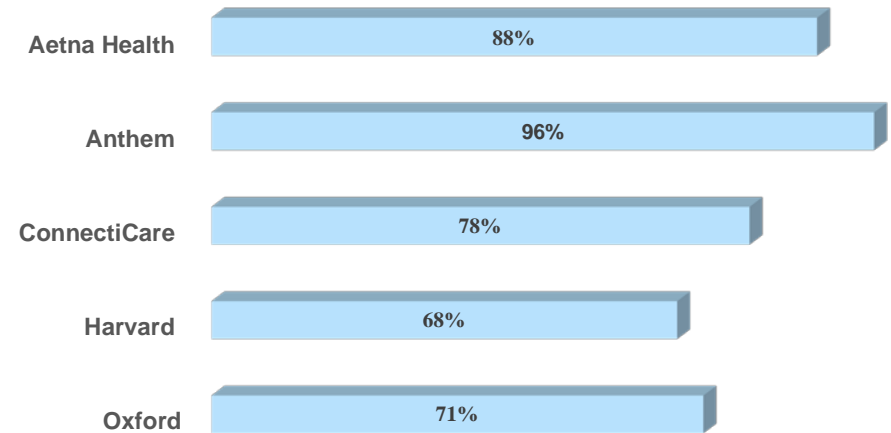
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2020; and (b) were continuously enrolled from October 1, 2018 through December 31, 2020; and (c) had 1 or more mammogram between October 1, 2018 and December 31, 2020.



Cervical Cancer Screening

The percentage of enrolled women who were age 24 through 64 years as of December 31, 2020; and were continuously enrolled during 2018, 2019, 2020; and who were either

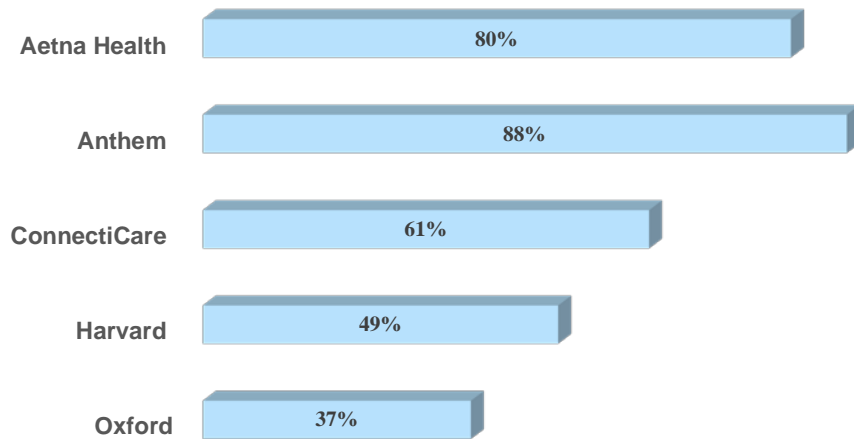
- A. a woman age 21-64, who had cervical cytology performed during 2018, 2019 or 2020; or
- B. from the women who did not meet (A), that are woman age 30-64 as of December 31, 2020, who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years, or woman age 30-64 as of December 31, 2020, who had cervical/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.



Medical Measures / Usage - Health Maintenance Organizations

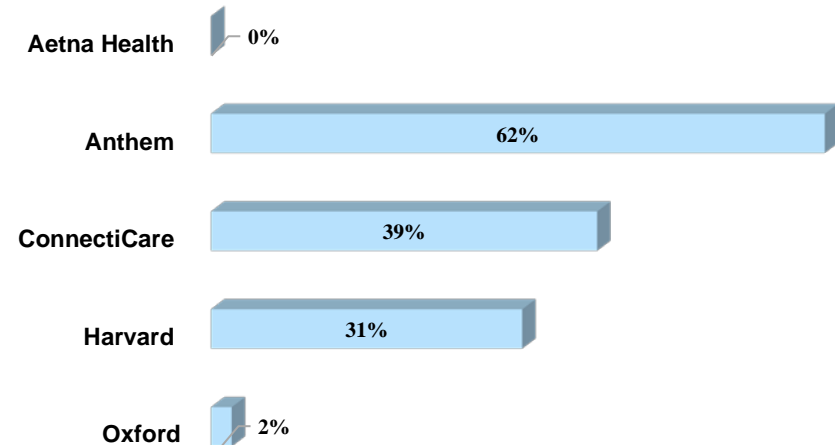
Colorectal Cancer Screening

The percentage of members 51-75 years as of December 31, 2020, who were continuously enrolled during 2019 and 2020, 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 2020, (b) flexible sigmoidoscopy during 2020 or the 4 years prior, (c) colonoscopy during 2020 or the 9 years prior, (d) CT colonography during 2020 or the 4 years prior, (e) FIT-DNA test during 2020 or the 2 years prior.



Controlling High Blood Pressure

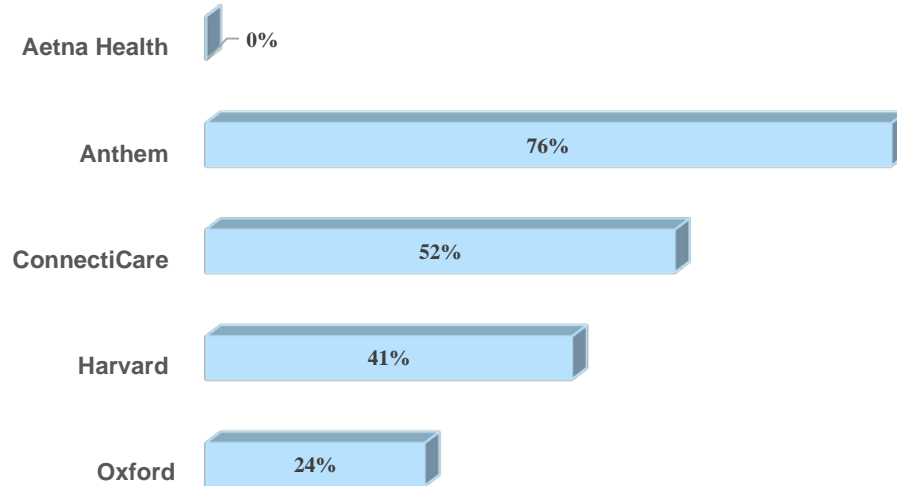
The percentage of members 18-85 years as of December 31, 2020, who were continuously enrolled during 2020, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled (<140/90 mm Hg) during 2020.



Medical Measures / Usage - Health Maintenance Organizations

Childhood Immunizations

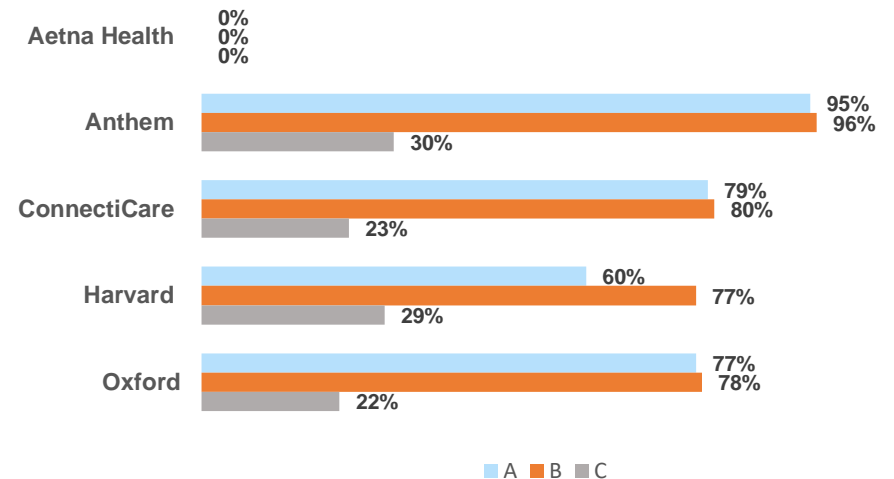
The percentage of enrolled children who: (a) turned two years old during 2020; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza 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 2020, 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.

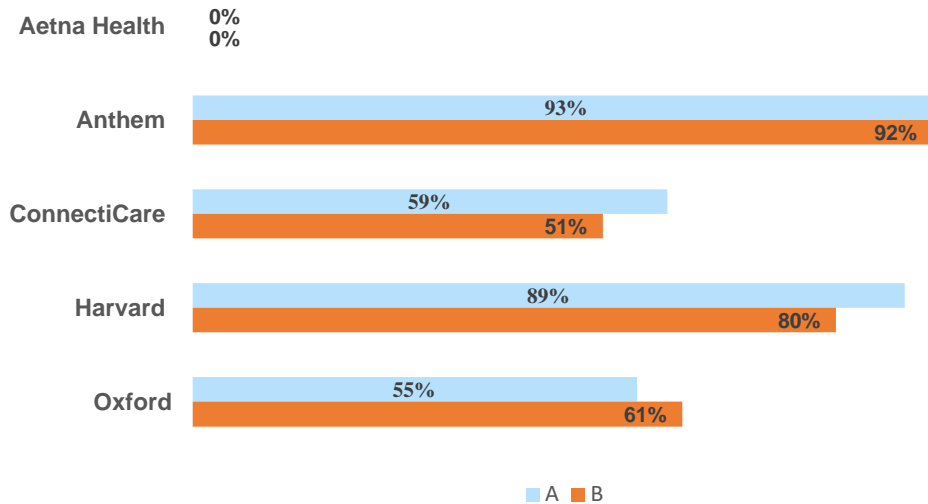


Medical Measures / Usage - Health Maintenance Organizations

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, 2019 and October 7, 2020; and were continuously enrolled for 43 days prior to delivery through 60 days after delivery; and

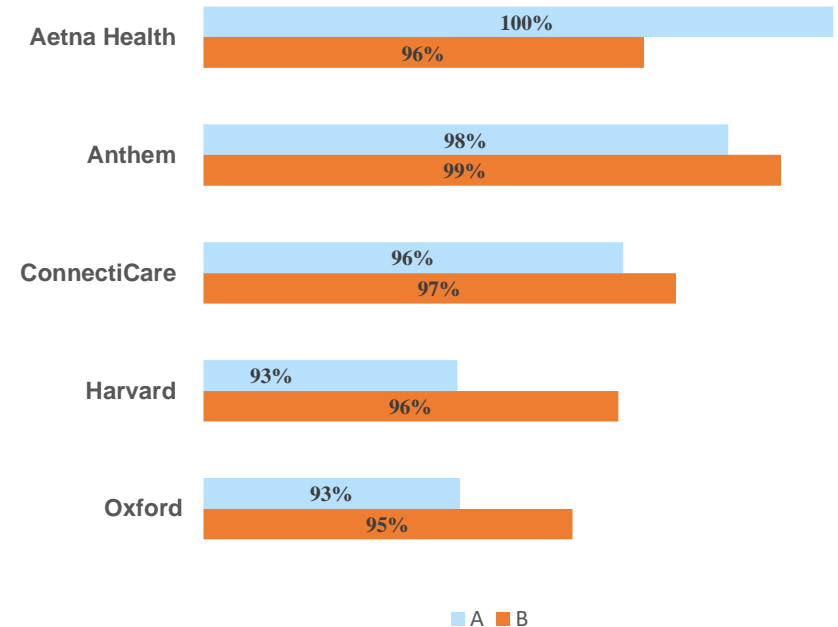
- (A) had at least one pre-natal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the Managed Care Organization.
- (B) had a postpartum visit on or between 7 and 84 days after delivery.



Adult Access to Preventive and Ambulatory Health Services

The percentage of enrollees who were continuously enrolled in the plan during 2018, 2019 and 2020; and had at least one ambulatory or preventive care visit in 2018, 2019 or 2020; that

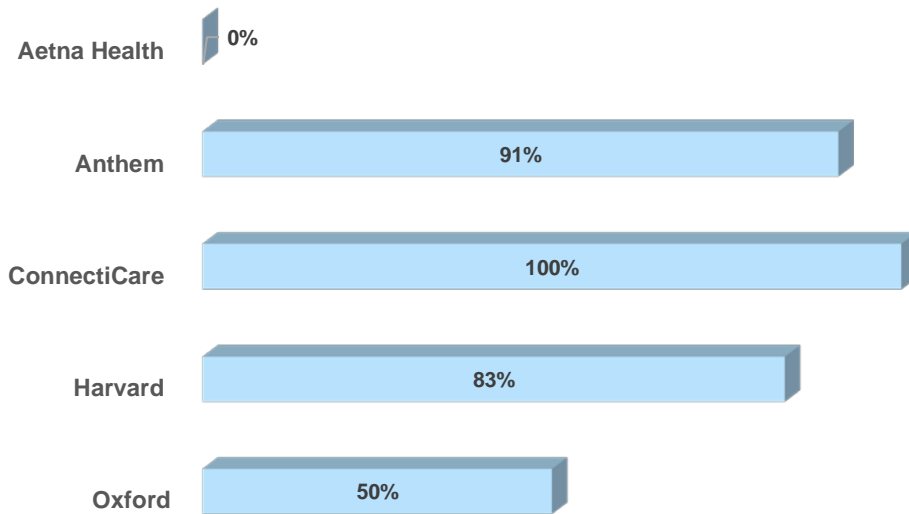
- (A) were age 20-44 as of December 31, 2020.
- (B) were age 45-64 as of December 31, 2020.



Medical Measures / Usage - Health Maintenance Organizations

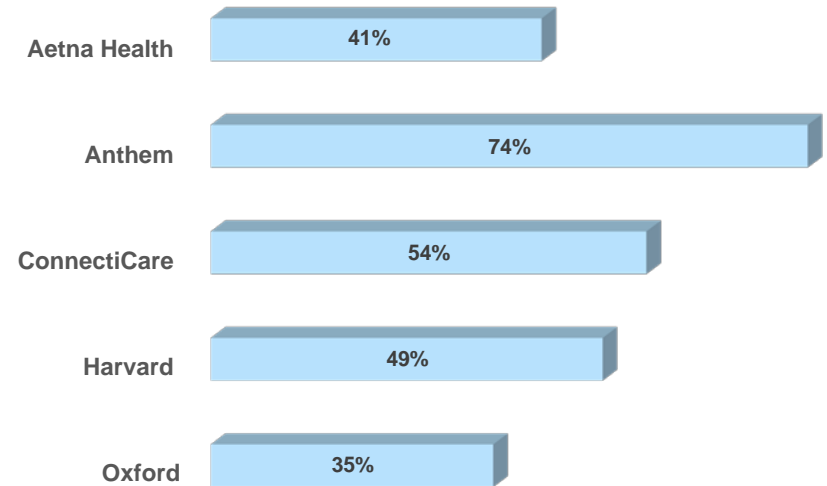
Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 18 years and older as of December 31, 2020 and (b) were hospitalized and discharged between July 1, 2019 and June 30, 2020; 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

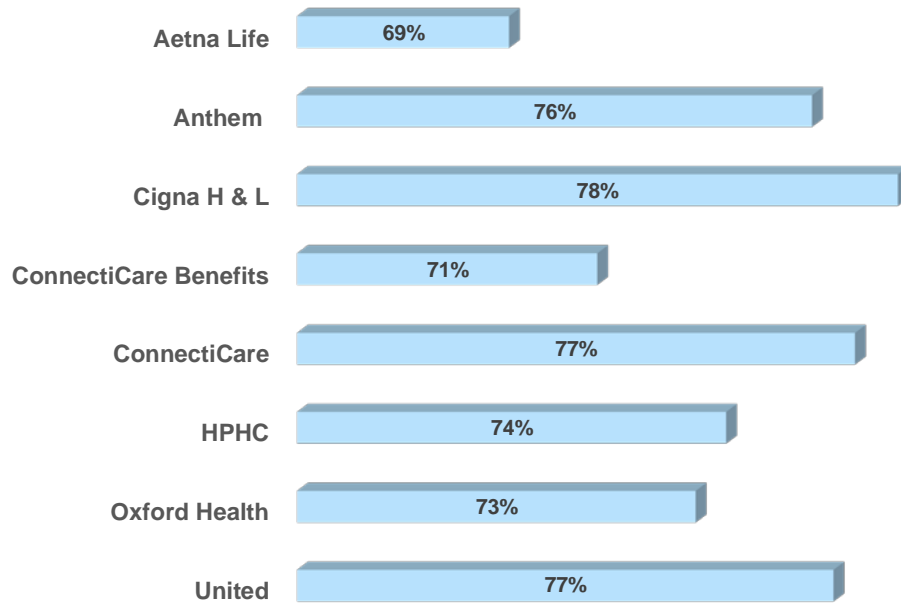
The percentage of all members with diabetes (type II and I) who were enrolled on December 31, 2020; and (b) were 18 through 75 years of age during 2020; and (c) were continuously enrolled during 2020; (d) who had either a retinal or dilated eye examination in 2020 or had a negative retinal or dilated eye examination in 2019, or a bilateral eye enucleation anytime during the members history through December 31, 2020.



Medical Measures / Usage - Indemnity Managed Care Organizations

Breast Cancer Screening

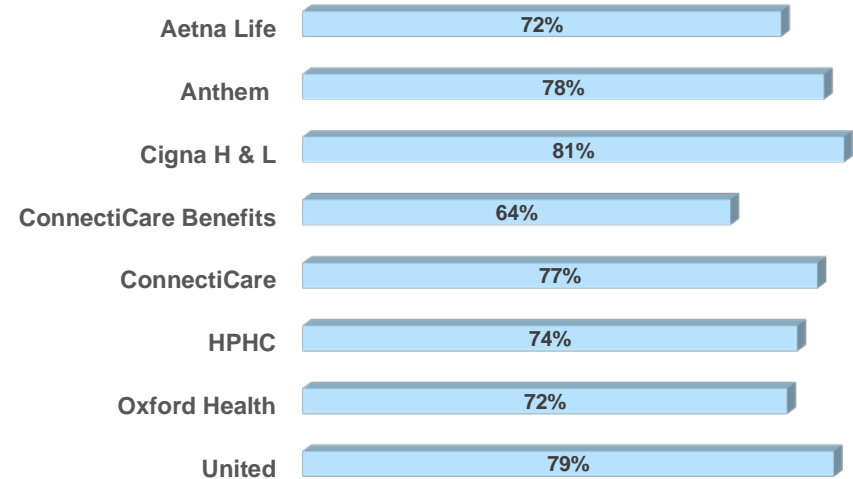
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2020; and (b) were continuously enrolled from October 1, 2018 through December 31, 2020; and (c) had 1 or more mammogram between October 1, 2018 and December 31, 2020.



Cervical Cancer Screening

The percentage of enrolled women who were age 24 through 64 years as of December 31, 2020; and were continuously enrolled during 2018, 2019, 2020; and who were either:

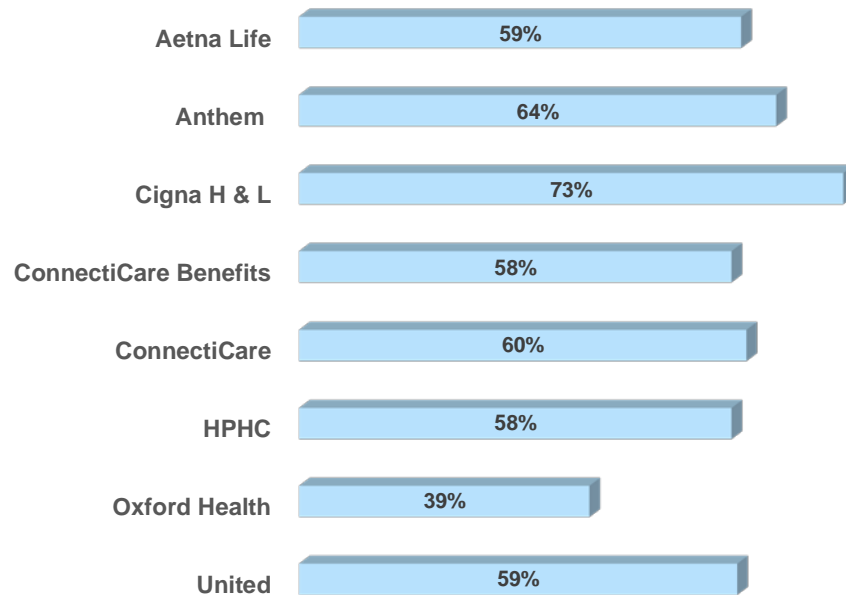
- A. a woman age 21-64, who had cervical cytology performed during 2018, 2019 or 2020; or
- B. from the women who did not meet (A), that are woman age 30-64 as of December 31, 2020, who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years, or woman age 30-64 as of December 31, 2020, who had cervical/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years



Medical Measures / Usage - Indemnity Managed Care Organizations

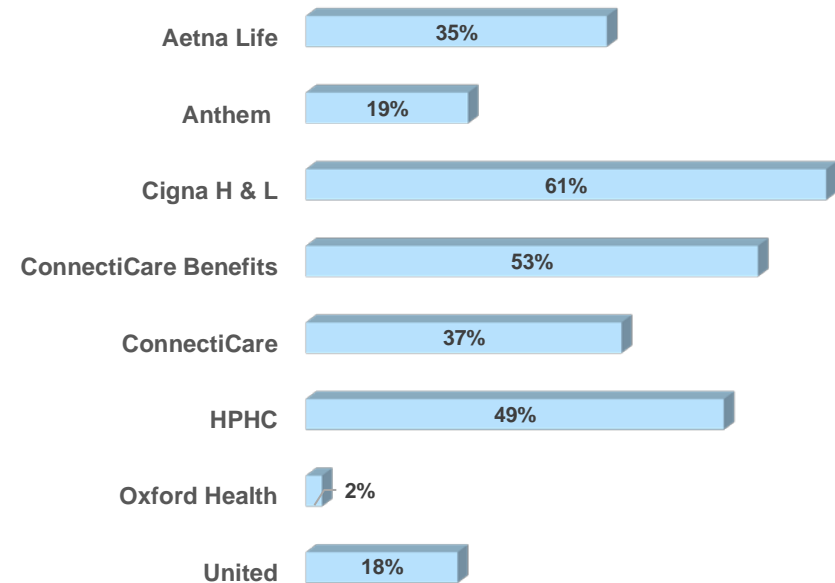
Colorectal Cancer Screening

The percentage of members 51-75 years as of December 31, 2020, who were continuously enrolled during 2019 and 2020, 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 2020, (b) flexible sigmoidoscopy during 2020 or the 4 years prior, (c) colonoscopy during 2020 or the 9 years prior, (d) CT colonography during 2020 or the 4 years prior, (e) FIT-DNA test during 2020 or the 2 years prior.



Controlling High Blood Pressure

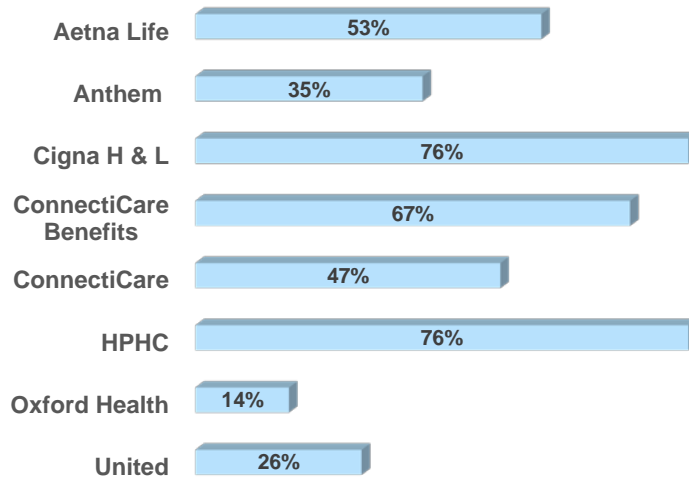
The percentage of members 18-85 years as of December 31, 2020, who were continuously enrolled during 2020, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled (<140/90 mm Hg) during 2020.



Medical Measures / Usage - Indemnity Managed Care Organizations

Childhood Immunizations

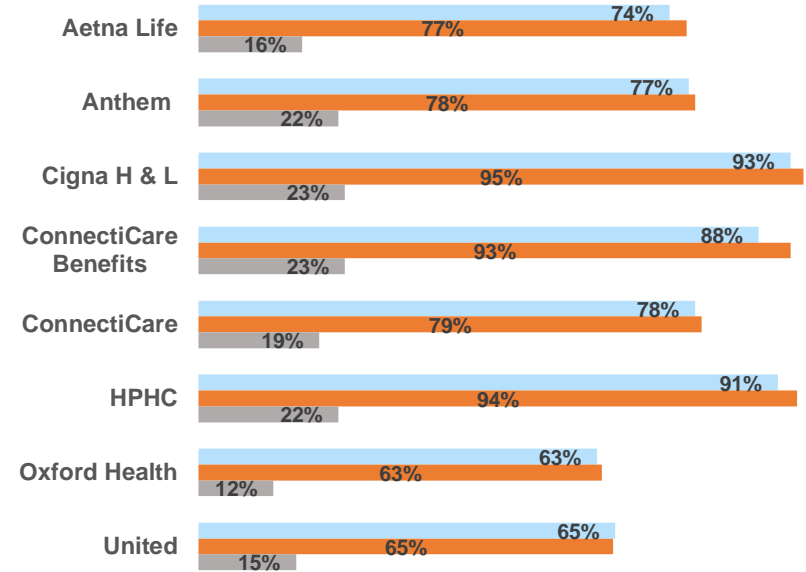
The percentage of enrolled children who: (a) turned two years old during 2020; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, hepatitis a, and rotavirus are included in this measure



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- (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.



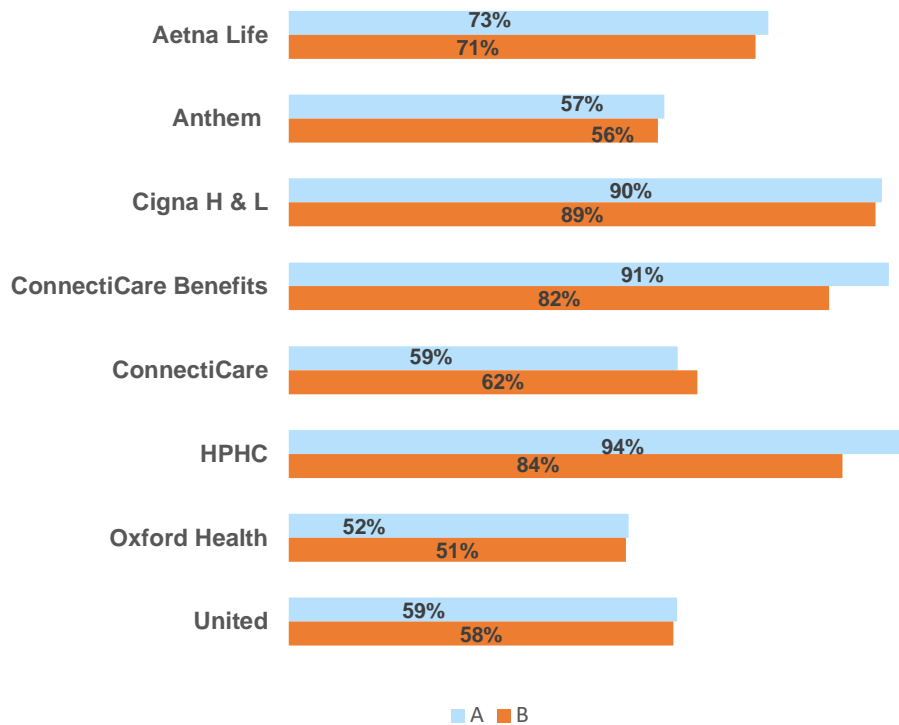
■ A ■ B ■ C

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, 2019 and October 7, 2020; and were continuously enrolled for 43 days prior to delivery through 60 days after delivery; and

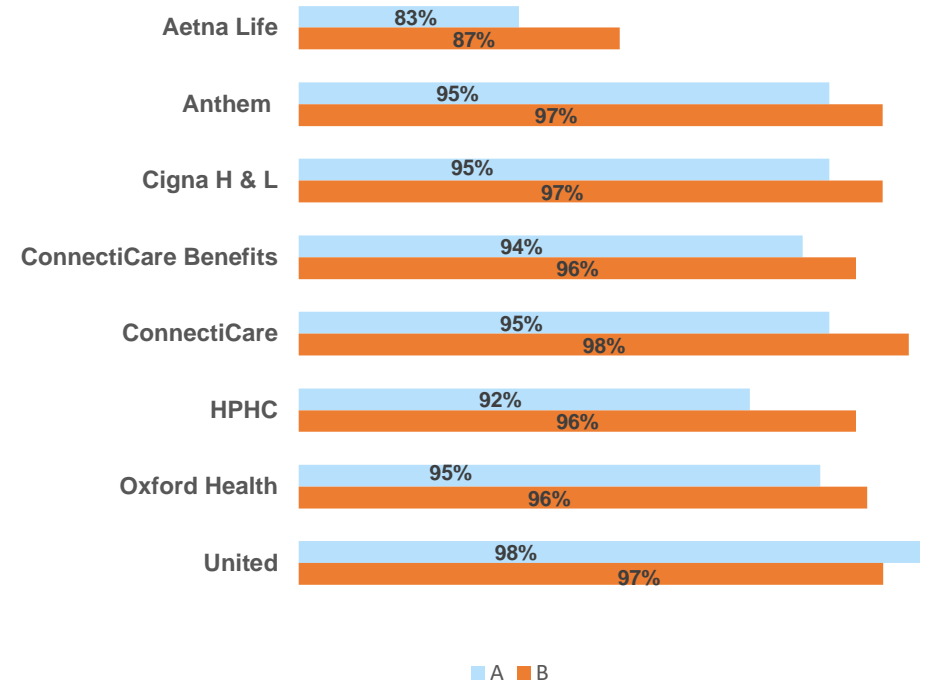
- (A) had at least one pre-natal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the Managed Care Organization.
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Adult Access to Preventive & Ambulatory Health Services

The percentage of enrollees who were continuously enrolled in the plan during 2018, 2019 and 2020; and had at least one ambulatory or preventive care visit in 2018, 2019 or 2020; that

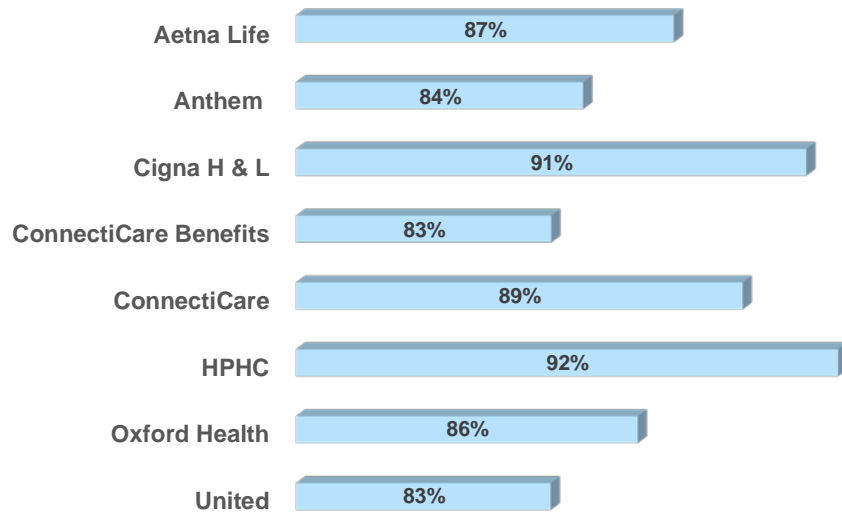
- (C) were age 20-44 as of December 31, 2020.
- (D) were age 45-64 as of December 31, 2020.



Medical Measures / Usage - Indemnity Managed Care Organizations

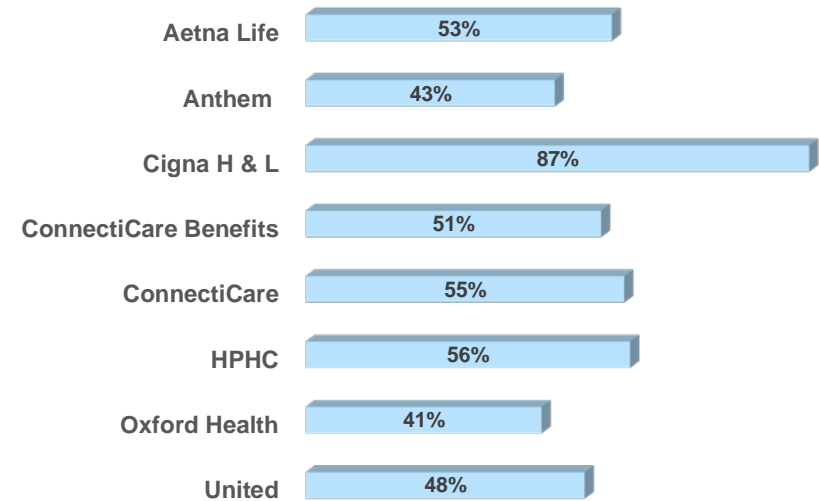
Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 18 years and older as of December 31, 2020 and (b) were hospitalized and discharged between July 1, 2019 and June 30, 2020; 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, 2020; and (b) were 18 through 75 years of age during 2020; and (c) were continuously enrolled during 2020; (d) who had either a retinal or dilated eye examination in 2020, or had a negative retinal or dilated eye examination in 2019, or a bilateral eye enucleation anytime during the members history through December 31, 2020



Utilization Review Data – 2020

HMO - Aetna Health	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	5	0	5
1. Based on Medical Necessity	5	0	5
2. Based on anything other than Medical Necessity	0	0	0
B. The total number of UR requests in A, that were denied*.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of UR requests that were denied* based on A.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
C. The total number of denials in B above that were appealed.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of denials in B above that were appealed.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
D. The total number of appeals in C, that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in C that were upheld on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
F. The number of appeals in E that went to external appeal (through CID)	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2020

HMO - Anthem	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	11,030	487	11,517
1. Based on Medical Necessity	10,881	486	11,367
2. Based on anything other than Medical Necessity	149	1	150
B. The total number of UR requests in A, that were denied*.	760	11	771
1. Based on Medical Necessity	742	10	752
2. Based on anything other than Medical Necessity	18	1	19
The Percentage of UR requests that were denied* based on A.	7%	2%	7%
1. Based on Medical Necessity	7%	2%	7%
2. Based on anything other than Medical Necessity	12%	100%	13%
C. The total number of denials in B above that were appealed.	42	3	45
1. Based on Medical Necessity	24	3	27
2. Based on anything other than Medical Necessity	18	0	18
The Percentage of denials in B above that were appealed.	6%	27%	6%
1. Based on Medical Necessity	3%	30%	4%
2. Based on anything other than Medical Necessity	100%	0%	95%
D. The total number of appeals in C, that were reversed on appeal.	4	1	5
1. Based on Medical Necessity	3	1	4
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals that were reversed on appeal.	10%	33%	11%
1. Based on Medical Necessity	13%	33%	15%
2. Based on anything other than Medical Necessity	6%	0%	6%
E. The total number of appeals in C that were upheld on appeal.	38	2	40
1. Based on Medical Necessity	21	2	23
2. Based on anything other than Medical Necessity	17	0	17
The Percentage of appeals in C that were upheld on appeal.	90%	67%	89%
1. Based on Medical Necessity	88%	67%	85%
2. Based on anything other than Medical Necessity	94%	0%	94%
F. The number of appeals in E that went to external appeal (through CID)	23	0	23
1. Based on Medical Necessity	21	0	21
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of appeals in E that went to external appeal. (through CID)	61%	0%	58%
1. Based on Medical Necessity	100%	0%	91%
2. Based on anything other than Medical Necessity	12%	0%	12%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2020

HMO - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	11,001	598	11,599
1. Based on Medical Necessity	10,939	596	11,535
2. Based on anything other than Medical Necessity	62	2	64
B. The total number of UR requests in A, that were denied*.	1,739	9	1,748
1. Based on Medical Necessity	1,677	7	1,684
2. Based on anything other than Medical Necessity	62	2	64
The Percentage of UR requests that were denied* based on A.	16%	2%	15%
1. Based on Medical Necessity	15%	1%	15%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	119	0	119
1. Based on Medical Necessity	117	0	117
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of denials in B above that were appealed.	7%	0%	7%
1. Based on Medical Necessity	7%	0%	7%
2. Based on anything other than Medical Necessity	3%	0%	3%
D. The total number of appeals in C that were reversed on appeal.	61	0	61
1. Based on Medical Necessity	60	0	60
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals that were reversed on appeal.	51%	0%	51%
1. Based on Medical Necessity	51%	0%	51%
2. Based on anything other than Medical Necessity	50%	0%	50%
E. The total number of appeals in C that were upheld on appeal.	58	0	58
1. Based on Medical Necessity	57	0	57
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals in C that were upheld on appeal.	49%	0%	49%
1. Based on Medical Necessity	49%	0%	49%
2. Based on anything other than Medical Necessity	50%	0%	50%
F. The number of appeals in E that went to external appeal. (through CID)	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2020

HMO - Harvard	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	2,436	193	2,629
1. Based on Medical Necessity	2,248	193	2,441
2. Based on anything other than Medical Necessity	188	0	188
B. The total number of UR requests in A, that were denied*.	400	2	402
1. Based on Medical Necessity	337	2	339
2. Based on anything other than Medical Necessity	63	0	63
The Percentage of UR requests that were denied* based on A.	16%	1%	15%
1. Based on Medical Necessity	15%	1%	14%
2. Based on anything other than Medical Necessity	34%	0%	34%
C. The total number of denials in B above that were appealed.	48	0	48
1. Based on Medical Necessity	26	0	26
2. Based on anything other than Medical Necessity	22	0	22
The Percentage of denials in B above that were appealed.	12%	0%	12%
1. Based on Medical Necessity	8%	0%	8%
2. Based on anything other than Medical Necessity	35%	0%	35%
D. The total number of appeals in C that were reversed on appeal.	19	0	19
1. Based on Medical Necessity	14	0	14
2. Based on anything other than Medical Necessity	5	0	5
The Percentage of appeals that were reversed on appeal.	40%	0%	40%
1. Based on Medical Necessity	54%	0%	54%
2. Based on anything other than Medical Necessity	23%	0%	23%
E. The total number of appeals in C that were upheld on appeal.	29	0	29
1. Based on Medical Necessity	12	0	12
2. Based on anything other than Medical Necessity	17	0	17
The Percentage of appeals in C that were upheld on appeal.	60%	0%	60%
1. Based on Medical Necessity	46%	0%	46%
2. Based on anything other than Medical Necessity	77%	0%	77%
F. The number of appeals in E that went to external appeal. (through CID)	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	3%	0%	3%
1. Based on Medical Necessity	8%	0%	8%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2020

HMO - Oxford	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	3,283	268	3,551
1. Based on Medical Necessity	2,546	258	2,804
2. Based on anything other than Medical Necessity	737	10	747
B. The total number of UR requests in A, that were denied*.	544	60	604
1. Based on Medical Necessity	523	57	580
2. Based on anything other than Medical Necessity	21	3	24
The Percentage of UR requests that were denied* based on A.	17%	22%	17%
1. Based on Medical Necessity	21%	22%	21%
2. Based on anything other than Medical Necessity	3%	30%	3%
C. The total number of denials in B above that were appealed.	81	4	85
1. Based on Medical Necessity	65	4	69
2. Based on anything other than Medical Necessity	16	0	16
The Percentage of denials in B above that were appealed.	15%	7%	14%
1. Based on Medical Necessity	12%	7%	12%
2. Based on anything other than Medical Necessity	76%	0%	67%
D. The total number of appeals in C that were reversed on appeal.	37	3	40
1. Based on Medical Necessity	27	3	30
2. Based on anything other than Medical Necessity	10	0	10
The Percentage of appeals that were reversed on appeal.	46%	75%	47%
1. Based on Medical Necessity	42%	75%	43%
2. Based on anything other than Medical Necessity	63%	0%	63%
E. The total number of appeals in C that were upheld on appeal.	44	1	45
1. Based on Medical Necessity	38	1	39
2. Based on anything other than Medical Necessity	6	0	6
The Percentage of appeals in C that were upheld on appeal.	54%	25%	53%
1. Based on Medical Necessity	58%	25%	57%
2. Based on anything other than Medical Necessity	38%	0%	38%
F. The number of appeals in E that went to external appeal. (through CID)	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	2%	0%	2%
1. Based on Medical Necessity	3%	0%	3%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	100%	0%	100%
1. Based on Medical Necessity	100%	0%	100%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2020

Indemnity - Aetna Life	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	1,359	164	1,523
1. Based on Medical Necessity	1,301	163	1,464
2. Based on anything other than Medical Necessity	58	1	59
B. The total number of UR requests in A, that were denied*.	341	9	350
1. Based on Medical Necessity	298	8	306
2. Based on anything other than Medical Necessity	43	1	44
The Percentage of UR requests that were denied* based on A.	25%	5%	0%
1. Based on Medical Necessity	23%	5%	0%
2. Based on anything other than Medical Necessity	74%	100%	0%
C. The total number of denials in B above that were appealed.	56	0	56
1. Based on Medical Necessity	45	0	45
2. Based on anything other than Medical Necessity	11	0	11
The Percentage of denials in B above that were appealed.	16%	0%	16%
1. Based on Medical Necessity	15%	0%	15%
2. Based on anything other than Medical Necessity	26%	0%	25%
D. The total number of appeals in C that were reversed on appeal.	24	0	24
1. Based on Medical Necessity	20	0	20
2. Based on anything other than Medical Necessity	4	0	4
The Percentage of appeals that were reversed on appeal.	43%	0%	43%
1. Based on Medical Necessity	44%	0%	44%
2. Based on anything other than Medical Necessity	36%	0%	36%
E. The total number of appeals in C that were upheld on appeal.	32	0	32
1. Based on Medical Necessity	25	0	25
2. Based on anything other than Medical Necessity	7	0	7
The Percentage of appeals in C that were upheld on appeal.	57%	0%	57%
1. Based on Medical Necessity	56%	0%	56%
2. Based on anything other than Medical Necessity	64%	0%	64%
F. The number of appeals in E that went to external appeal (through CID)	4	0	4
1. Based on Medical Necessity	4	0	4
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	13%	0%	13%
1. Based on Medical Necessity	16%	0%	16%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	25%	0%	25%
1. Based on Medical Necessity	25%	0%	25%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2020

Indemnity - Anthem	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	115,932	3,356	119,288
1. Based on Medical Necessity	114,856	3,327	118,183
2. Based on anything other than Medical Necessity	1,076	29	1,105
B. The total number of UR requests in A, that were denied*.	10,925	141	11,066
1. Based on Medical Necessity	10,610	112	10,722
2. Based on anything other than Medical Necessity	315	29	344
The Percentage of UR requests that were denied* based on A.	9%	4%	9%
1. Based on Medical Necessity	9%	3%	9%
2. Based on anything other than Medical Necessity	29%	100%	31%
C. The total number of denials in B above that were appealed.	358	58	416
1. Based on Medical Necessity	162	43	205
2. Based on anything other than Medical Necessity	196	15	211
The Percentage of denials in B above that were appealed.	3%	41%	4%
1. Based on Medical Necessity	2%	38%	2%
2. Based on anything other than Medical Necessity	62%	52%	61%
D. The total number of appeals in C that were reversed on appeal.	66	15	81
1. Based on Medical Necessity	16	9	25
2. Based on anything other than Medical Necessity	50	6	56
The Percentage of appeals that were reversed on appeal.	18%	26%	19%
1. Based on Medical Necessity	10%	21%	12%
2. Based on anything other than Medical Necessity	26%	40%	27%
E. The total number of appeals in C that were upheld on appeal.	292	43	335
1. Based on Medical Necessity	146	34	180
2. Based on anything other than Medical Necessity	146	9	155
The Percentage of appeals in C that were upheld on appeal.	82%	74%	81%
1. Based on Medical Necessity	90%	79%	88%
2. Based on anything other than Medical Necessity	74%	60%	73%
F. The number of appeals in E that went to external appeal. (through CID)	29	3	32
1. Based on Medical Necessity	27	3	30
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of appeals in E that went to external appeal. (through CID)	10%	7%	10%
1. Based on Medical Necessity	18%	9%	17%
2. Based on anything other than Medical Necessity	1%	0%	1%
G. The total number of external appeals above in F that were reversed on appeal.	0	1	1
1. Based on Medical Necessity	0	1	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	33%	3%
1. Based on Medical Necessity	0%	33%	3%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2020

Indemnity - Cigna H & L	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	110,766	796	111,562
1. Based on Medical Necessity	110,509	793	111,302
2. Based on anything other than Medical Necessity	257	3	260
B. The total number of UR requests in A, that were denied*.	26,928	31	26,959
1. Based on Medical Necessity	26,671	28	26,699
2. Based on anything other than Medical Necessity	257	3	260
The Percentage of UR requests that were denied* based on A.	24%	4%	24%
1. Based on Medical Necessity	24%	4%	24%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	650	22	672
1. Based on Medical Necessity	602	21	623
2. Based on anything other than Medical Necessity	48	1	49
The Percentage of denials in B above that were appealed.	2%	71%	2%
1. Based on Medical Necessity	2%	75%	2%
2. Based on anything other than Medical Necessity	19%	33%	19%
D. The total number of appeals in C that were reversed on appeal.	312	6	318
1. Based on Medical Necessity	269	6	275
2. Based on anything other than Medical Necessity	43	0	43
The Percentage of appeals that were reversed on appeal.	48%	27%	47%
1. Based on Medical Necessity	45%	29%	44%
2. Based on anything other than Medical Necessity	90%	0%	88%
E. The total number of appeals in C that were upheld on appeal.	338	16	354
1. Based on Medical Necessity	333	15	348
2. Based on anything other than Medical Necessity	5	1	6
The Percentage of appeals in C that were upheld on appeal.	52%	73%	53%
1. Based on Medical Necessity	55%	71%	56%
2. Based on anything other than Medical Necessity	10%	100%	12%
F. The number of appeals in E that went to external appeal. (through CID)	10	3	13
1. Based on Medical Necessity	10	3	13
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	3%	19%	4%
1. Based on Medical Necessity	3%	20%	4%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	2	1	3
1. Based on Medical Necessity	2	1	3
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	20%	33%	23%
1. Based on Medical Necessity	20%	33%	23%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2020

Indemnity - ConnectiCare Benefits	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	54,188	2,791	56,979
1. Based on Medical Necessity	53,907	2,778	56,685
2. Based on anything other than Medical Necessity	281	13	294
B. The total number of UR requests in A, that were denied*.	6,779	75	6,854
1. Based on Medical Necessity	6,498	62	6,560
2. Based on anything other than Medical Necessity	281	13	294
The Percentage of UR requests that were denied* based on A.	13%	3%	12%
1. Based on Medical Necessity	12%	2%	12%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	576	14	590
1. Based on Medical Necessity	559	14	573
2. Based on anything other than Medical Necessity	17	0	17
The Percentage of denials in B above that were appealed.	8%	19%	9%
1. Based on Medical Necessity	9%	23%	9%
2. Based on anything other than Medical Necessity	6%	0%	6%
D. The total number of appeals in C that were reversed on appeal.	319	2	321
1. Based on Medical Necessity	317	2	319
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of appeals that were reversed on appeal.	55%	14%	54%
1. Based on Medical Necessity	57%	14%	56%
2. Based on anything other than Medical Necessity	12%	0%	12%
E. The total number of appeals in C that were upheld on appeal.	257	12	269
1. Based on Medical Necessity	242	12	254
2. Based on anything other than Medical Necessity	15	0	15
The Percentage of appeals in C that were upheld on appeal.	45%	86%	46%
1. Based on Medical Necessity	43%	86%	44%
2. Based on anything other than Medical Necessity	88%	0%	88%
F. The number of appeals in E that went to external appeal. (through CID)	5	3	8
1. Based on Medical Necessity	4	3	7
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals in E that went to external appeal. (through CID)	2%	25%	3%
1. Based on Medical Necessity	2%	25%	3%
2. Based on anything other than Medical Necessity	7%	0%	7%
G. The total number of external appeals above in F that were reversed on appeal.	3	1	4
1. Based on Medical Necessity	3	1	4
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	60%	33%	50%
1. Based on Medical Necessity	75%	33%	57%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2020

Indemnity - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	34,367	2,139	36,506
1. Based on Medical Necessity	34,190	2,132	36,322
2. Based on anything other than Medical Necessity	177	7	184
B. The total number of UR requests in A, that were denied*.	4,186	61	4,247
1. Based on Medical Necessity	4,009	54	4,063
2. Based on anything other than Medical Necessity	177	7	184
The Percentage of UR requests that were denied* based on A.	12%	3%	12%
1. Based on Medical Necessity	12%	3%	11%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	394	14	408
1. Based on Medical Necessity	388	14	402
2. Based on anything other than Medical Necessity	6	0	6
The Percentage of denials in B above that were appealed.	9%	23%	10%
1. Based on Medical Necessity	10%	26%	10%
2. Based on anything other than Medical Necessity	3%	0%	3%
D. The total number of appeals in C that were reversed on appeal.	209	2	211
1. Based on Medical Necessity	207	2	209
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of appeals that were reversed on appeal.	53%	14%	52%
1. Based on Medical Necessity	53%	14%	52%
2. Based on anything other than Medical Necessity	33%	0%	33%
E. The total number of appeals in C that were upheld on appeal.	185	12	197
1. Based on Medical Necessity	181	12	193
2. Based on anything other than Medical Necessity	4	0	4
The Percentage of appeals in C that were upheld on appeal.	47%	86%	48%
1. Based on Medical Necessity	47%	86%	48%
2. Based on anything other than Medical Necessity	67%	0%	67%
F. The number of appeals in E that went to external appeal. (through CID)	3	3	6
1. Based on Medical Necessity	3	3	6
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	2%	25%	3%
1. Based on Medical Necessity	2%	25%	3%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	1	3	4
1. Based on Medical Necessity	1	3	4
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	33%	100%	67%
1. Based on Medical Necessity	33%	100%	67%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2020

Indemnity - HPHC	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	4,874	429	5,303
1. Based on Medical Necessity	4,494	428	4,922
2. Based on anything other than Medical Necessity	380	1	381
B. The total number of UR requests in A, that were denied*.	830	20	850
1. Based on Medical Necessity	727	19	746
2. Based on anything other than Medical Necessity	103	1	104
The Percentage of UR requests that were denied* based on A.	17%	5%	16%
1. Based on Medical Necessity	16%	4%	15%
2. Based on anything other than Medical Necessity	27%	100%	27%
C. The total number of denials in B above that were appealed.	80	2	82
1. Based on Medical Necessity	59	2	61
2. Based on anything other than Medical Necessity	21	0	21
The Percentage of denials in B above that were appealed.	10%	10%	10%
1. Based on Medical Necessity	8%	11%	8%
2. Based on anything other than Medical Necessity	20%	0%	20%
D. The total number of appeals in C that were reversed on appeal.	36	0	36
1. Based on Medical Necessity	31	0	31
2. Based on anything other than Medical Necessity	5	0	5
The Percentage of appeals that were reversed on appeal.	45%	0%	44%
1. Based on Medical Necessity	53%	0%	51%
2. Based on anything other than Medical Necessity	24%	0%	24%
E. The total number of appeals in C that were upheld on appeal.	44	2	46
1. Based on Medical Necessity	28	2	30
2. Based on anything other than Medical Necessity	16	0	16
The Percentage of appeals in C that were upheld on appeal.	55%	100%	56%
1. Based on Medical Necessity	47%	100%	49%
2. Based on anything other than Medical Necessity	76%	0%	76%
F. The number of appeals in E that went to external appeal. (through CID)	2	0	2
1. Based on Medical Necessity	2	0	2
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	5%	0%	4%
1. Based on Medical Necessity	7%	0%	7%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2020

Indemnity - Oxford Health	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	46,283	2,368	48,651
1. Based on Medical Necessity	41,043	2,297	43,340
2. Based on anything other than Medical Necessity	5,240	71	5,311
B. The total number of UR requests in A, that were denied*.	7,109	450	7,559
1. Based on Medical Necessity	7,008	439	7,447
2. Based on anything other than Medical Necessity	101	11	112
The Percentage of UR requests that were denied* based on A.	15%	19%	16%
1. Based on Medical Necessity	17%	19%	17%
2. Based on anything other than Medical Necessity	2%	15%	2%
C. The total number of denials in B above that were appealed.	620	32	652
1. Based on Medical Necessity	542	31	573
2. Based on anything other than Medical Necessity	78	1	79
The Percentage of denials in B above that were appealed.	9%	7%	9%
1. Based on Medical Necessity	8%	7%	8%
2. Based on anything other than Medical Necessity	77%	9%	71%
D. The total number of appeals in C that were reversed on appeal.	315	10	325
1. Based on Medical Necessity	282	10	292
2. Based on anything other than Medical Necessity	33	0	33
The Percentage of appeals that were reversed on appeal.	51%	31%	50%
1. Based on Medical Necessity	52%	32%	51%
2. Based on anything other than Medical Necessity	42%	0%	42%
E. The total number of appeals in C that were upheld on appeal.	305	22	327
1. Based on Medical Necessity	260	21	281
2. Based on anything other than Medical Necessity	45	1	46
The Percentage of appeals in C that were upheld on appeal.	49%	69%	50%
1. Based on Medical Necessity	48%	68%	49%
2. Based on anything other than Medical Necessity	58%	100%	58%
F. The number of appeals in E that went to external appeal. (through CID)	15	3	18
1. Based on Medical Necessity	15	3	18
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	5%	14%	6%
1. Based on Medical Necessity	6%	14%	6%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	5	1	6
1. Based on Medical Necessity	5	1	6
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	33%	33%	33%
1. Based on Medical Necessity	33%	33%	33%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2020

Indemnity - United	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	11,957	2,944	14,901
1. Based on Medical Necessity	10,619	2,941	13,560
2. Based on anything other than Medical Necessity	1,338	3	1,341
B. The total number of UR requests in A, that were denied*.	2,636	240	2,876
1. Based on Medical Necessity	2,588	237	2,825
2. Based on anything other than Medical Necessity	48	3	51
The Percentage of UR requests that were denied* based on A.	22%	8%	19%
1. Based on Medical Necessity	24%	8%	21%
2. Based on anything other than Medical Necessity	4%	100%	4%
C. The total number of denials in B above that were appealed.	282	8	290
1. Based on Medical Necessity	268	8	276
2. Based on anything other than Medical Necessity	14	0	14
The Percentage of denials in B above that were appealed.	11%	3%	10%
1. Based on Medical Necessity	10%	3%	10%
2. Based on anything other than Medical Necessity	29%	0%	27%
D. The total number of appeals in C, that were reversed on appeal.	150	3	153
1. Based on Medical Necessity	146	3	149
2. Based on anything other than Medical Necessity	4	0	4
The Percentage of appeals that were reversed on appeal.	53%	38%	53%
1. Based on Medical Necessity	54%	38%	54%
2. Based on anything other than Medical Necessity	29%	0%	29%
E. The total number of appeals in C that were upheld on appeal.	133	5	138
1. Based on Medical Necessity	123	5	128
2. Based on anything other than Medical Necessity	10	0	10
The Percentage of appeals in C that were upheld on appeal.	47%	63%	48%
1. Based on Medical Necessity	46%	63%	46%
2. Based on anything other than Medical Necessity	71%	0%	71%
F. The number of appeals in E that went to external appeal. (through CID)	18	0	18
1. Based on Medical Necessity	12	0	12
2. Based on anything other than Medical Necessity	6	0	6
The Percentage of appeals in E that went to external appeal. (through CID)	14%	0%	13%
1. Based on Medical Necessity	10%	0%	9%
2. Based on anything other than Medical Necessity	60%	0%	60%
G. The total number of external appeals above in F that were reversed on appeal.	8	0	8
1. Based on Medical Necessity	5	0	5
2. Based on anything other than Medical Necessity	3	0	3
The Percentage of external appeals above in F that were reversed on appeal.	44%	0%	44%
1. Based on Medical Necessity	42%	0%	42%
2. Based on anything other than Medical Necessity	50%	0%	50%

Fully Insured Behavioral Health Statistics for 2020

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

HMO - Anthem	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	149	115	29	99	91	4
Number of UR Requests Denied	0	7	0	1	3	0
Percentage of UR Requests that were Denied	0%	6%	0%	1%	3%	0%
Number of Denials that were Appealed	0	2	0	0	1	0
Percentage of Denials that were Appealed	0%	29%	0%	0%	33%	0%
Number of Appeals that Reversed the decision	0	1	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	50%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2020

HMO - ConnectiCare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	137	56	34	276	71	22
Number of UR Requests Denied	1	1	0	2	3	0
Percentage of UR Requests that were Denied	1%	2%	0%	1%	4%	0%
Number of Denials that were Appealed	0	0	0	0	0	0
Percentage of Denials that were Appealed	0%	0%	0%	0%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

HMO - Harvard	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	55	40	10	45	43	0
Number of UR Requests Denied	0	1	0	1	0	0
Percentage of UR Requests that were Denied	0%	3%	0%	2%	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 2020

HMO - Oxford	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	20	17	13	16	199	3
Number of UR Requests Denied	1	7	5	12	35	0
Percentage of UR Requests that were Denied	5%	41%	38%	75%	18%	0%
Number of Denials that were Appealed	1	1	0	1	1	0
Percentage of Denials that were Appealed	100%	14%	0%	8%	3%	0%
Number of Appeals that Reversed the decision	1	1	0	1	0	0
Percentage of Appeals that Reversed the decision	100%	100%	0%	100%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Indemnity - Aetna Life	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	45	19	21	2	52	21
Number of UR Requests Denied	0	1	0	1	4	3
Percentage of UR Requests that were Denied	0%	5%	0%	50%	8%	14%
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 2020

Indemnity - Anthem	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	942	1,216	338	463	381	16
Number of UR Requests Denied	11	93	14	10	12	1
Percentage of UR Requests that were Denied	1%	8%	4%	2%	3%	6%
Number of Denials that were Appealed	4	35	5	1	12	1
Percentage of Denials that were Appealed	36%	38%	36%	10%	100%	100%
Number of Appeals that Reversed the decision	1	6	4	0	4	0
Percentage of Appeals that Reversed the decision	25%	17%	80%	0%	33%	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%	10%	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%

Indemnity - Cigna L & H	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	381	272	162	175	222	84
Number of UR Requests Denied	7	15	13	3	10	0
Percentage of UR Requests that were Denied	2%	6%	8%	2%	5%	0%
Number of Denials that were Appealed	3	9	4	1	5	0
Percentage of Denials that were Appealed	43%	60%	31%	33%	50%	0%
Number of Appeals that Reversed the decision	1	2	2	0	1	0
Percentage of Appeals that Reversed the decision	33%	22%	50%	0%	20%	0%
Number of Upheld Appeals that went to External Appeal	0	2	0	1	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	29%	0%	100%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	1	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	100%	0%	0%

Fully Insured Behavioral Health Statistics for 2020

Indemnity - ConnectiCare Benefits	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	638	621	224	912	319	64
Number of UR Requests Denied	4	12	4	29	9	4
Percentage of UR Requests that were Denied	1%	2%	2%	3%	3%	6%
Number of Denials that were Appealed	1	2	1	8	0	2
Percentage of Denials that were Appealed	25%	17%	25%	28%	0%	50%
Number of Appeals that Reversed the decision	0	0	0	1	0	1
Percentage of Appeals that Reversed the decision	0%	0%	0%	13%	0%	50%
Number of Upheld Appeals that went to External Appeal	1	1	0	1	0	0
Percentage of Upheld Appeals that went to External Appeals	100%	50%	0%	14%	0%	0%
Number of External Appeals that Reversed the decision	1	0	0	1	0	0
Percentage of External Appeals that Reversed the decision	100%	0%	0%	100%	0%	0%

Indemnity - ConnectiCare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	488	414	156	823	215	36
Number of UR Requests Denied	4	11	6	20	10	3
Percentage of UR Requests that were Denied	1%	3%	4%	2%	5%	8%
Number of Denials that were Appealed	2	6	2	4	0	0
Percentage of Denials that were Appealed	50%	55%	33%	20%	0%	0%
Number of Appeals that Reversed the decision	1	0	0	1	0	0
Percentage of Appeals that Reversed the decision	50%	0%	0%	25%	0%	0%
Number of Upheld Appeals that went to External Appeal	1	3	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	100%	50%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	3	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	100%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2020

Indemnity - HPHC	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	64	98	31	86	149	0
Number of UR Requests Denied	0	7	1	6	5	0
Percentage of UR Requests that were Denied	0%	7%	3%	7%	3%	0%
Number of Denials that were Appealed	0	2	0	0	0	0
Percentage of Denials that were Appealed	0%	29%	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%

Indemnity - Oxford Health	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	144	157	209	93	1,762	1
Number of UR Requests Denied	6	29	12	26	377	0
Percentage of UR Requests that were Denied	4%	18%	6%	28%	21%	0%
Number of Denials that were Appealed	3	14	7	5	1	2
Percentage of Denials that were Appealed	50%	48%	58%	19%	0%	0%
Number of Appeals that Reversed the decision	1	4	2	0	1	0
Percentage of Appeals that Reversed the decision	33%	29%	29%	0%	100%	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%	30%	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 2020

Indemnity - United	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	392	345	225	809	1,137	36
Number of UR Requests Denied	3	7	4	25	197	4
Percentage of UR Requests that were Denied	1%	2%	2%	3%	17%	11%
Number of Denials that were Appealed	2	2	1	2	0	1
Percentage of Denials that were Appealed	67%	29%	25%	8%	0%	25%
Number of Appeals that Reversed the decision	0	1	1	1	0	1
Percentage of Appeals that Reversed the decision	0%	50%	100%	50%	0%	100%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Mental Health Measures / Usage - Health Maintenance Organizations

Mental Health Utilization - Percentage by Level of Care	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Report the total number of members who received care					
(a) Any Mental Health Service	71	44,203	2,241	1,105	4,508
(b) Inpatient Mental Health Services	0	481	30	15	53
(c) Intensive Outpatient or Partial Hospitalization Health Services	1	546	44	20	62
(d) Outpatient	37	21,952	1,035	551	2,433
(e) Emergency Department Health Services	1	358	33	18	23
(f) Telehealth Mental Health Services	32	20,866	1,099	501	1,937
Report the percentage of total membership who received the respective service					
(a) Any Mental Health Service	19%	28%	14%	11%	67%
(b) Inpatient Mental Health Services	0%	0%	0%	0%	1%
(c) Intensive Outpatient or Partial Hospitalization Health Services	0%	0%	0%	0%	1%
(d) Outpatient	15%	14%	6%	8%	36%
(e) Emergency Department Health Services	0%	0%	0%	0%	0%
(f) Telehealth Mental Health Services	13%	13%	7%	7%	29%

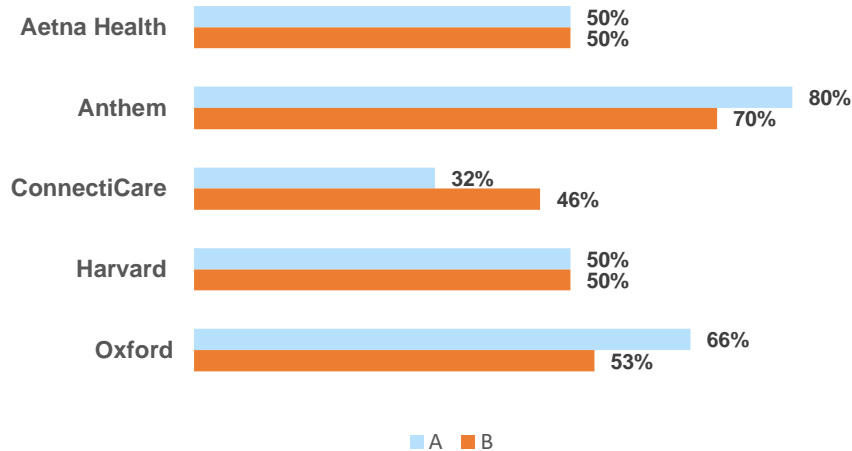
Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Report the total number of members who received care					
(a) Any Dependency Service	3	831	505	324	215
(b) Inpatient Dependency Services	0	83	32	47	19
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	0	39	21	13	10
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	1	420	262	148	113
(e) Emergency Department Dependency Services	0	87	53	38	26
(f) Telehealth Dependency Services	2	202	137	78	47
Report the percentage of total membership who received the respective service					
(a) Any Dependency Service	2%	4%	3%	3%	3%
(b) Inpatient Dependency Services	0%	0%	0%	1%	0%
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	0%	0%	0%	0%	0%
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	1%	2%	2%	2%	2%
(e) Emergency Department Dependency Services	0%	0%	0%	1%	0%
(f) Telehealth Dependency Services	2%	1%	1%	1%	1%

Mental Health Measures / Usage - Health Maintenance Organizations

Follow-up After Emergency Department Visit for Mental Illness

The percentage of emergency department (ED) visits between January 1 and December 1, 2020, where the members was 6 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of mental illness or intentional self-harm, with a follow-up visit for mental illness

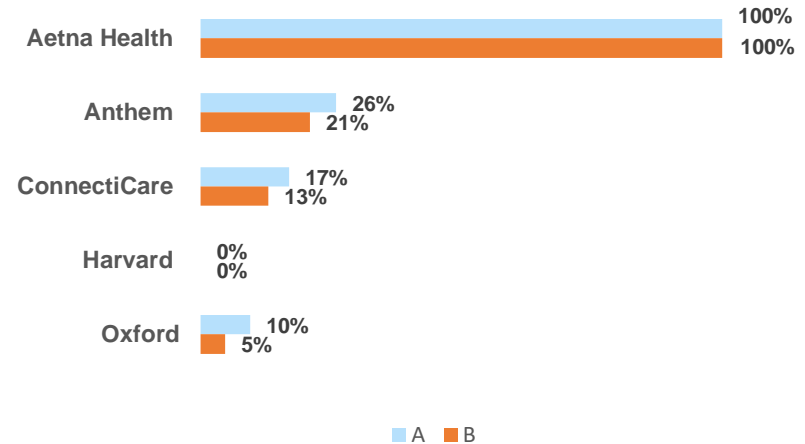
- (A) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 30 days after the ED visit
- (B) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental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



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

The percentage of emergency department (ED) visits between January 1 and December 1, 2020, where the members was 13 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, with a follow-up visit for AOD abuse or dependency

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

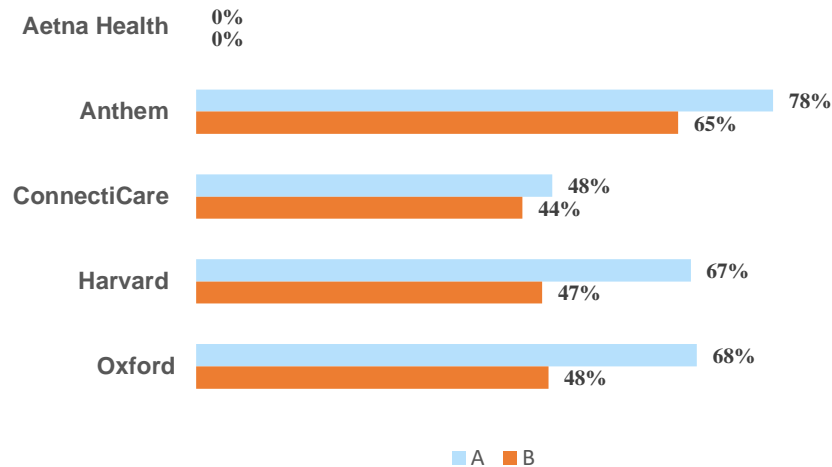


Mental Health Measures / Usage - Health Maintenance Organizations

Follow-up After Hospitalization for Mental Health

The percentage of discharges for members 6 years of age and older as of the discharge date, who were continuously enrolled from the date of discharge through 30 days after discharge, who had an acute care inpatient discharge with a principal diagnosis of mental illness or intentional self-harm diagnosis, with a discharge date on or between January 1, and December 1, 2020.

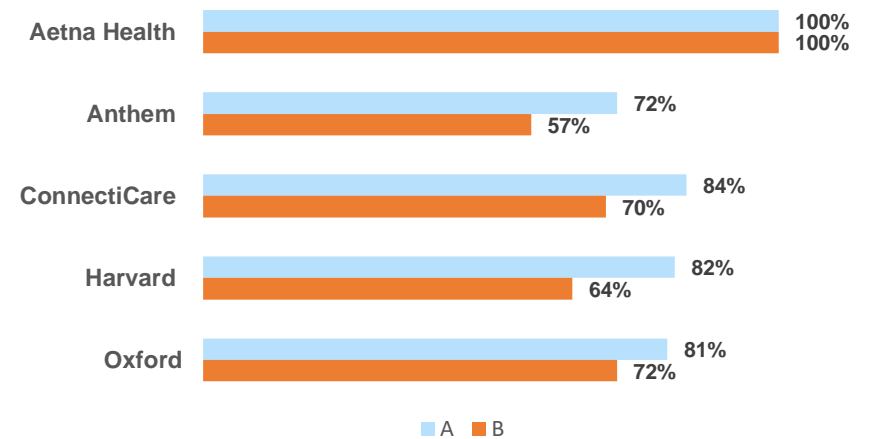
- (A) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.
- (B) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.



Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2020, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, who were not taking an antidepressant medication 105 days prior to the IPSD, who were diagnosed with a new episode of depression during the 121-day period from 60 days prior to IPSD, through 60 days after IPSD, and treated with antidepressant medication, who met at least one of the following criteria during the intake period. * An outpatient visit, ED visit, telehealth visit, intensive outpatient or partial hospitalization setting with any diagnosis of major depression; or an acute or non-acute inpatient stay or community mental health center visit with any diagnosis of major depression.

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

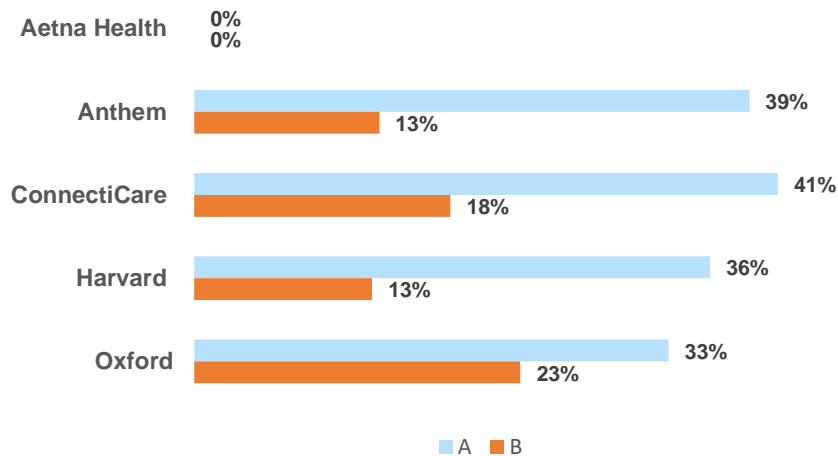


Mental Health Measures / Usage - Health Maintenance Organizations

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

The percentage of members 13 years of age and older as of December 31, 2020, with a new episode of alcohol or other drug (AOD) abuse or dependence on or between January 1 and November 13, 2020, who were continuously enrolled from 60 days prior to the Index Episode Start Date (IESD) through 48 days after the IESD, who received the following:

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



Mental Health Measures / Usage - Indemnity Managed Care Organizations

Mental Health Utilization - Percentage by Level of Care	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Report the total number of members who received care								
(a) Any Mental Health Service	46,316	86,850	50,150	10,405	6,647	2,401	20,445	26,758
(b) Inpatient Mental Health Services	611	1,274	664	169	88	30	185	415
(c) Intensive Outpatient or Partial Hospitalization Health Services	611	959	679	157	118	35	272	462
(d) Outpatient	24,383	48,983	27,336	4,884	3,180	1,272	11,291	15,560
(e) Emergency Department Health Services	554	404	365	135	99	28	91	192
(f) Telehealth Mental Health Services	20,157	35,230	21,106	5,060	3,162	1,036	8,606	10,129
Report the percentage of total membership who received the respective service								
(a) Any Mental Health Service	11%	11%	17%	14%	13%	12%	32%	56%
(b) Inpatient Mental Health Services	0%	0%	0%	0%	0%	0%	0%	1%
(c) Intensive Outpatient or Partial Hospitalization Health Services	0%	0%	0%	0%	0%	0%	0%	1%
(d) Outpatient	9%	9%	9%	6%	6%	9%	18%	33%
(e) Emergency Department Health Services	0%	0%	0%	0%	0%	0%	0%	0%
(f) Telehealth Mental Health Services	7%	6%	7%	7%	6%	7%	13%	21%

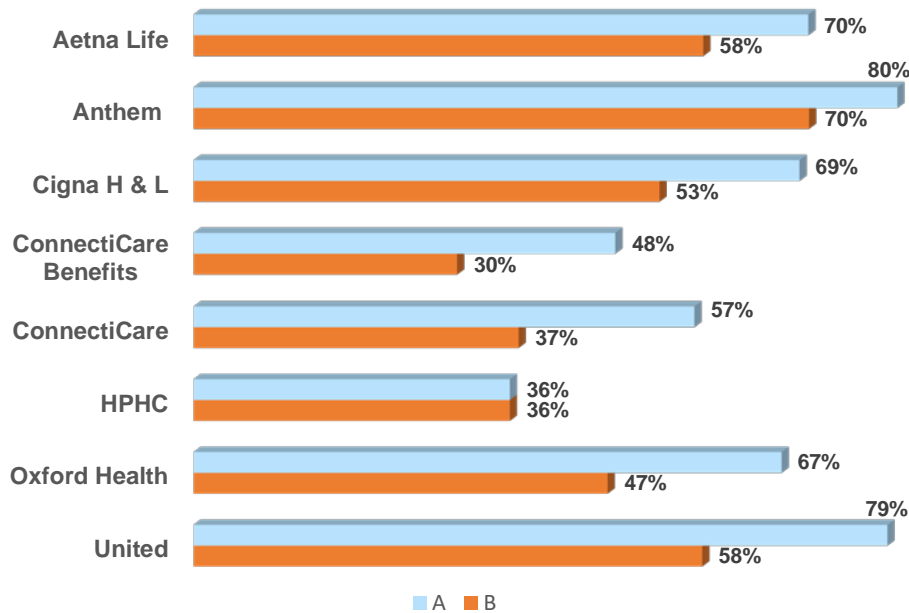
Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Report the total number of members who received care								
(a) Any Dependency Service	5,238	10,896	5,419	3,753	1,611	625	1,823	2,496
(b) Inpatient Dependency Services	502	1,175	585	287	139	72	154	303
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	259	511	282	182	70	30	84	81
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	2,443	5,496	2,698	1,909	818	294	951	1,271
(e) Emergency Department Dependency Services	793	1,208	672	427	184	76	192	253
(f) Telehealth Dependency Services	1,241	2,506	1,182	948	400	153	442	588
Report the percentage of total membership who received the respective service								
(a) Any Dependency Service	2%	2%	100%	5%	3%	3%	3%	5%
(b) Inpatient Dependency Services	0%	0%	11%	0%	0%	0%	0%	1%
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	0%	0%	5%	0%	0%	0%	0%	0%
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	2%	1%	50%	3%	2%	2%	1%	3%
(e) Emergency Department Dependency Services	1%	0%	12%	1%	0%	1%	0%	1%
(f) Telehealth Dependency Services	1%	1%	22%	1%	1%	1%	1%	1%

Mental Health Measures / Usage - Indemnity Managed Care Organizations

Follow-up After Emergency Department Visit for Mental Illness

The percentage of emergency department (ED) visits between January 1 and December 1, 2020, 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

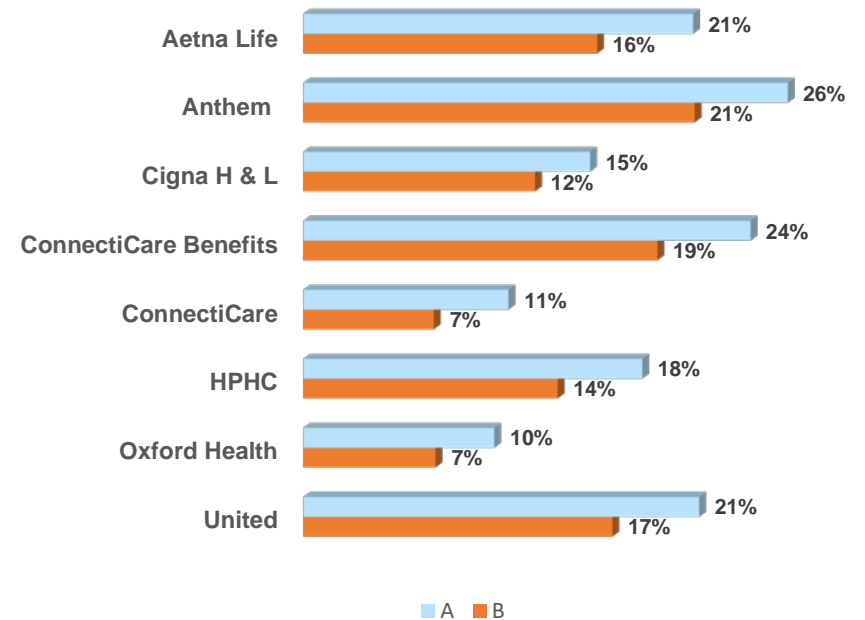
- (A) who had a follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 30 days after the ED visit.
- (B) who had a follow-up visit with any practitioner, with a principal diagnosis of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

The percentage of emergency department (ED) visits between January 1 and December 1, 2020, where the members was 13 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, with a follow-up visit for AOD abuse or dependency

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

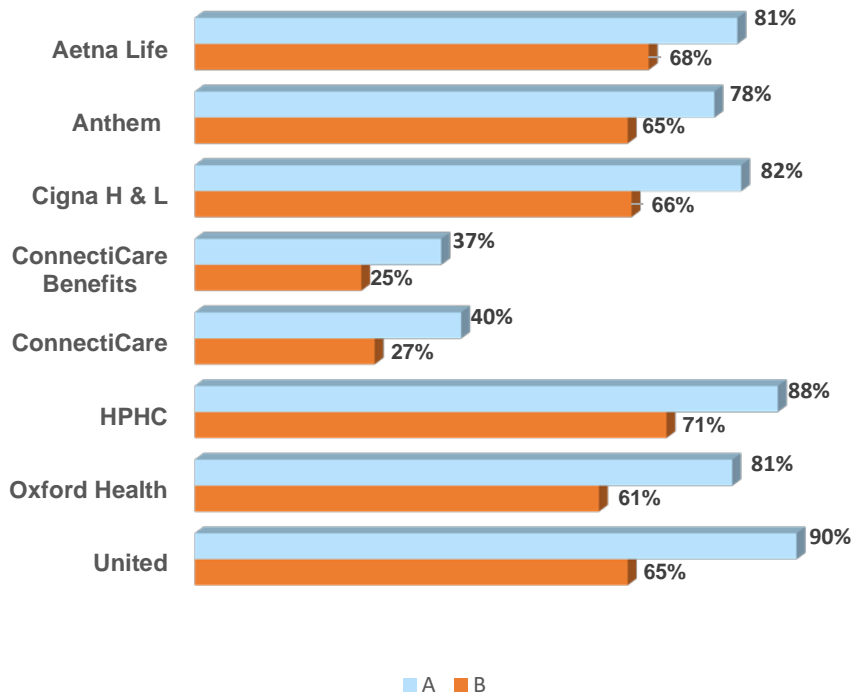


Mental Health Measures / Usage - Indemnity Managed Care Organizations

Follow-up After Hospitalization for Mental Health

The percentage of discharges for members 6 years of age and older as of the discharge date, who were continuously enrolled from the date of discharge through 30 days after discharge, who had an acute care inpatient discharge with a principal diagnosis of mental illness or intentional self-harm diagnosis, with a discharge date on or between January 1, and December 1, 2020.

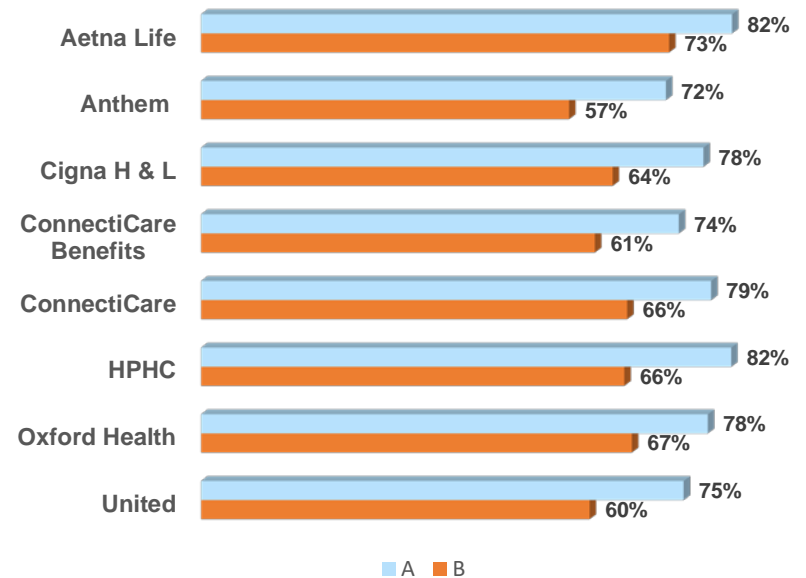
- (A) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.
- (B) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.



Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2020, 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)

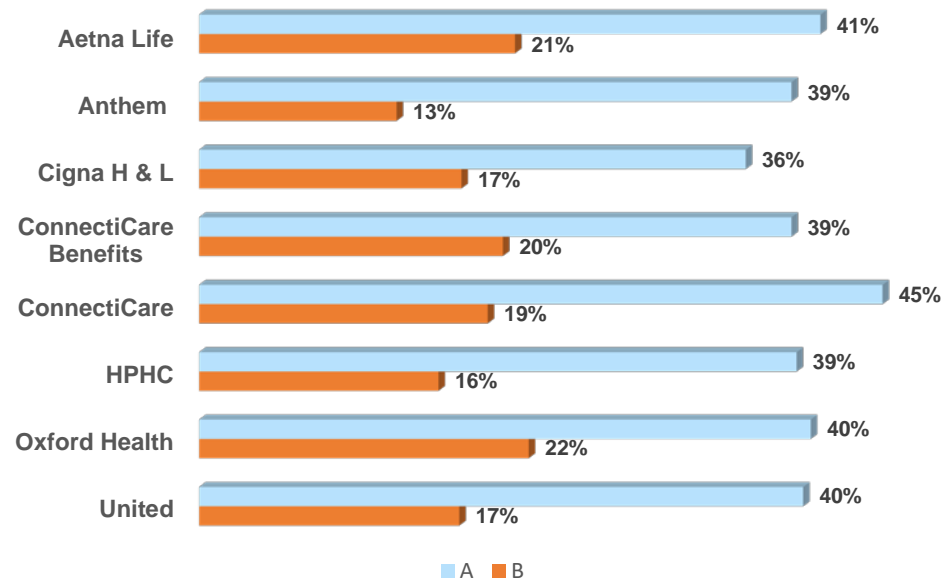


Mental Health Measures / Usage - Indemnity Managed Care Organizations

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

The percentage of members 13 years of age and older as of December 31, 2020, with a new episode of alcohol or other drug (AOD) abuse or dependence on or between January 1 and November 13, 2020, who were continuously enrolled from 60 days prior to the Index Episode Start Date (IESD) through 48 days after the IESD, who received the following:

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



HMO - Claim Reporting Expenses

Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2020 through Dec. 31, 2020, for each of the following.	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Mental Health					
(a) Inpatient	\$0.00	\$5.57	\$3.06	\$0.73	\$1.57
(b) Outpatient	\$12.16	\$15.83	\$6.64	\$2.90	\$11.09
Total in column	\$12.16	\$21.40	\$9.70	\$3.63	\$12.66
Substance Abuse or Dependency					
(a) Inpatient	\$2.90	\$2.53	\$0.11	\$13.24	\$2.28
(b) Outpatient	\$9.57	\$2.97	\$0.19	\$1.70	\$3.36
Total in column	\$12.47	\$5.50	\$0.30	\$14.94	\$5.64
Medical					
(a) Inpatient	\$65.30	\$94.66	\$136.96	\$109.54	\$98.62
(b) Outpatient	\$254.68	\$231.53	\$268.75	\$260.39	\$226.16
Total in column	\$319.98	\$326.20	\$405.71	\$369.93	\$324.78
Total All Claims (sum of above categories)					
(a) Inpatient	\$68.20	\$102.76	\$140.13	\$123.52	\$102.47
(b) Outpatient	\$276.41	\$250.33	\$275.58	\$264.98	\$240.61
Total in column	\$344.61	\$353.10	\$415.71	\$388.50	\$343.08

Claim Denial Data	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
The total number of claims received for the period.	2,051	49,875	661,601	82,446	261,282
1) Provide the number of denials of the total in each of the following:					
(a) "not a covered benefit"	10	193	7,308	390	488
(b) "not medically necessary"	0	44	1,371	108	18
(c) "not an eligible enrollee/dependent"	529	505	56,948	69	217
(d) "incomplete submission"	303	3,823	10,352	519	1,224
(e) "duplicate submission"	25	1,304	18,095	1,813	4,296
(f) "all other miscellaneous"	113	6,248	78,352	8,073	32,250
2) Provide the denials as a percent of the total claims for the following:					
(a) "not a covered benefit"	0.49%	0.39%	1.10%	0.47%	0.19%
(b) "not medically necessary"	0.00%	0.09%	0.21%	0.13%	0.01%
(c) "not an eligible enrollee/dependent"	25.79%	1.01%	8.61%	0.08%	0.08%
(d) "incomplete submission"	14.77%	7.67%	1.56%	0.63%	0.47%
(e) "duplicate submission"	1.22%	2.61%	2.74%	2.20%	1.64%
(f) "all other miscellaneous"	5.51%	12.53%	11.84%	9.79%	12.34%

HMO - Claim Reporting

Claim Denial Data (continued)

	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
3) Provide the number of internal appeals of denials in each of the following:					
(a) "not a covered benefit"	0	8	125	22	0
(b) "not medically necessary"	0	4	83	25	11
(c) "not an eligible enrollee/dependent"	0	10	1	0	0
(d) "incomplete submission"	0	0	35	0	54
(e) "duplicate submission"	0	0	14	0	1
(f) "all other miscellaneous"	0	85	555	0	22
4) Provide the internal appeals as a percent of the total claims for the following:					
(a) "not a covered benefit"	0.00%	0.02%	0.02%	0.03%	0.00%
(b) "not medically necessary"	0.00%	0.01%	0.01%	0.03%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.02%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.01%	0.00%	0.02%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.17%	0.08%	0.00%	0.01%
5) Provide the number of internal appeals reversed on appeal in each of the following:					
(a) "not a covered benefit"	0	1	43	5	0
(b) "not medically necessary"	0	0	27	13	7
(c) "not an eligible enrollee/dependent"	0	4	0	0	0
(d) "incomplete submission"	0	0	21	0	0
(e) "duplicate submission"	0	0	8	0	0
(f) "all other miscellaneous"	0	16	402	0	13
6) Provide the reversed appeals as a percent of the total claims for the following:					
(a) "not a covered benefit"	0.00%	0.00%	0.01%	0.01%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.00%	0.02%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.01%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.03%	0.06%	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, 2020 through Dec. 31, 2020, for each of the following.	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Mental Health								
(a) Inpatient	\$2.52	\$6.64	\$4.19	\$2.67	\$2.62	\$1.07	\$5.45	\$4.34
(b) Outpatient	\$8.02	\$15.90	\$11.81	\$4.82	\$6.22	\$5.84	\$22.22	\$17.66
Total in column	\$10.54	\$22.54	\$16.00	\$7.49	\$8.84	\$6.91	\$27.67	\$22.00
Substance Abuse or Dependency								
(a) Inpatient	\$1.67	\$3.94	\$2.77	\$0.21	\$0.12	\$8.43	\$4.36	\$3.24
(b) Outpatient	\$0.99	\$2.55	\$1.98	\$0.27	\$0.27	\$3.22	\$3.63	\$3.19
Total in column	\$2.66	\$6.49	\$4.75	\$0.48	\$0.39	\$11.66	\$7.99	\$6.43
Medical								
(a) Inpatient	\$62.64	\$102.15	\$117.27	\$115.87	\$123.09	\$101.98	\$130.91	\$110.11
(b) Outpatient	\$307.32	\$304.04	\$236.25	\$236.20	\$277.03	\$296.91	\$383.37	\$323.33
Total in column	\$369.96	\$406.20	\$353.52	\$352.07	\$400.12	\$398.88	\$514.28	\$433.44
Total All Claims (sum of above categories)								
(a) Inpatient	\$66.83	\$112.73	\$124.23	\$118.75	\$125.83	\$111.48	\$140.72	\$117.69
(b) Outpatient	\$316.33	\$322.49	\$250.04	\$241.29	\$283.52	\$305.97	\$409.22	\$344.18
Total in column	\$383.16	\$435.23	\$374.27	\$360.04	\$409.35	\$417.45	\$549.94	\$461.87

Claim Denial Data	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
The total number of claims received for the period.	677,122	1,234,651	824,931	2,575,616	2,128,525	183,456	1,947,372	1,347,379
1) Provide the number of denials of the total in each of the following:								
(a) "not a covered benefit"	73,826	1,541	13,447	36,996	23,085	1,348	3,636	3,828
(b) "not medically necessary"	12	979	8,323	5,153	3,832	379	184	10,190
(c) "not an eligible enrollee/dependent"	24,012	43,091	435	57,813	54,953	179	1,769	520
(d) "incomplete submission"	26,658	30,781	5,782	33,784	37,196	1,022	1,948	4,511
(e) "duplicate submission"	4,641	30,793	679	73,442	64,081	5,017	39,196	9,965
(f) "all other miscellaneous"	96,415	75,720	51,727	262,245	221,624	18,937	156,049	37,069
2) Provide the denials as a percent of the total claims for the following:								
(a) "not a covered benefit"	10.90%	0.12%	1.63%	1.44%	1.08%	0.73%	0.19%	0.28%
(b) "not medically necessary"	0.00%	0.08%	1.01%	0.20%	0.18%	0.21%	0.01%	0.76%
(c) "not an eligible enrollee/dependent"	3.55%	3.49%	0.05%	2.24%	2.58%	0.10%	0.09%	0.04%
(d) "incomplete submission"	3.94%	2.49%	0.70%	1.31%	1.75%	0.56%	0.10%	0.33%
(e) "duplicate submission"	0.69%	2.49%	0.08%	2.85%	3.01%	2.73%	2.01%	0.74%
(f) "all other miscellaneous"	14.24%	6.13%	6.27%	10.18%	10.41%	10.32%	8.01%	2.75%

Indemnity - Claim Reporting

Claim Denial Data (continued)

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
3) Provide the number of internal appeals of denials in each of the following:								
(a) "not a covered benefit"	10	26	0	362	332	21	5	43
(b) "not medically necessary"	3	40	623	262	226	57	13	24
(c) "not an eligible enrollee/dependent"	0	14	0	0	49	0	0	2
(d) "incomplete submission"	0	0	0	137	128	0	317	35
(e) "duplicate submission"	0	0	0	42	37	0	2	102
(f) "all other miscellaneous"	46	413	49	1,706	1,569	0	277	155
4) Provide the internal appeals as a percent of the total claims for the following:								
(a) "not a covered benefit"	0.00%	0.00%	0.00%	0.01%	0.02%	0.01%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.08%	0.01%	0.01%	0.03%	0.00%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.02%	0.00%
(e) "duplicate submission"	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%	0.07%	0.07%	0.00%	0.01%	0.01%
5) Provide the number of internal appeals reversed on appeal in each of the following:								
(a) "not a covered benefit"	1	8	0	229	181	5	2	13
(b) "not medically necessary"	0	6	275	73	54	31	11	10
(c) "not an eligible enrollee/dependent"	0	3	0	0	18	0	0	0
(d) "incomplete submission"	0	0	0	76	64	0	0	4
(e) "duplicate submission"	0	0	0	33	34	0	0	0
(f) "all other miscellaneous"	7	99	43	976	1,051	0	54	40
6) Provide the reversed appeals as a percent of the total claims for the following:								
(a) "not a covered benefit"	0.00%	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.03%	0.00%	0.00%	0.02%	0.00%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.01%	0.01%	0.04%	0.05%	0.00%	0.00%	0.00%

Federal Medical Loss Ratio by Carrier

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

Individual Market - 80%

Small Group Market - 80%

Large Group Market - 85%

HMO

	Individual	Small Group	Large Group
Aetna Health	NA	NR	NR
Anthem	84.10%	82.80%	91.80%
ConnectiCare	95.95%	NR	86.43%
Harvard	NA	98.40%	118.50%
Oxford	NA	93.70%	88.90%

Indemnity

	Individual	Small Group	Large Group
Aetna Life	NR	88.10%	89.40%
Anthem	84.10%	82.80%	91.80%
CIGNA H & L	NA	NR	89.00%
ConnectiCare Benefits	81.69%	N/A	N/A
ConnectiCare	81.97%	82.40%	89.65%
HPHC	NA	95.40%	95.20%
Oxford Health	NA	87.60%	86.50%
United	N/A	89.60%	85.40%

Note:

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

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

Additional Companies not Included in this Report

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

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

Cigna HealthCare of Connecticut, Inc.

900 Cottage Grove Road Hartford, CT 06152

Connecticut General Life Insurance Company

900 Cottage Grove Road Hartford, CT 06152

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

Help & Additional Information

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

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