

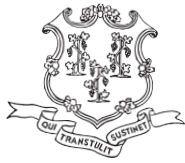


Consumer Report Card

On Health Insurance Carriers

In Connecticut

October 2024



Dear Connecticut Health Insurance Consumers,

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

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

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

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

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

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

Warm regards,

Andrew N. Mais Commissioner

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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 2023. 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 a plan of treatment to achieve optimal patient outcomes.

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

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

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

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

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

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

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

Exclusive Provider Organization (EPO) – People who belong to an EPO must receive their care from affiliated providers; services rendered by unaffiliated providers are not reimbursed.

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 are covered. Also referred to as "precertification" or "prior Authorization".

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

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

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

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

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

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

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

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

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

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

Managed Care Plan Comparison Worksheet

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

	Option 1	Option 2	Option 3	Option 4
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.

Notes:

Managed Care Organizations Included in this Report

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

HMO

Abbreviated Name	Company Name	Phone	Markets to Individuals	NCQA Accreditation
Aetna Health	Aetna Health Inc.	1-800-445-5299	No	Accredited
Anthem	Anthem Health Plans, Inc.	Multiple numbers based on market	Yes	Accredited
Cigna	Cigna HealthCare of Connecticut, Inc.	1-800-244-6224	No	Accredited
ConnectiCare	ConnectiCare, Inc.	(800) 251-7722 (Toll-free) / (860) 674-5757 (Local)	Yes	Accredited
Harvard	Harvard Pilgrim Health Care	(888) 333-4742	No	Not Applicable
Oxford	Oxford Health Plans (CT), Inc.	800-666-1353	No	Accredited

Indemnity

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

**We have included Harvard Pilgrim and HPHC Insurance data, even though they have ceased selling plans and have exited the Connecticut market at the end of 2023.*

Effective January 2024 all Connecticare Companies have ceased marketing small group plans. (fully insured)

Effective January 2025 all Cigna Companies and all Aetna Companies have ceased marketing in the small group plans. (fully insured)

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

Websites for Individual & Family Health Insurance:

www.anthem.com www.connecticare.com www.connecticare.com

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

Managed Care Organizations - 2023 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	0	78	0	0	0	0	0	78
Anthem	16,258	489	966	0	82	215,041	16,258	571	216,007
Cigna	0	0	4	0	0	0	0	0	4
ConnectiCare	1,383	45	3,628	0	0	0	1,383	45	3,628
Harvard	0	0	0	0	0	0	0	0	0
Oxford	0	1,087	2,135	0	0	0	0	1,087	2,135
Totals	17,641	1,621	6,811	0	82	215,041	17,641	1,703	221,852

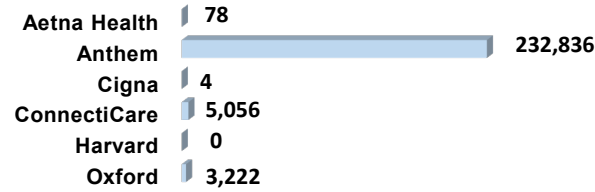
	Fully Insured			Other Enrollment			Total Enrollment		
	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans	Individual Plans	Small Group Plans	Large Group Plans
INDEMNITY									
Aetna Life	0	1,520	90,014	0	13,089	205,357	0	14,609	295,371
Anthem	27,662	39,074	43,572	0	11,502	709,777	27,662	50,576	753,349
Cigna H & L	0	19,656	61,015	0	1,462	320,848	0	21,118	381,863
ConnectiCare Benefits	65,916	680	0	0	0	0	65,916	680	0
ConnectiCare	13,377	2,508	21,511	0	7,062	3,842	13,377	9,570	25,353
CT General	13	0	0	0	0	0	13	0	0
HPHC	0	0	0	0	35	0	0	35	0
Oxford Health	0	17,223	12,165	0	0	0	0	17,223	12,165
United	0	1,808	71,804	0	0	0	0	1,808	71,804
Totals	106,968	82,469	300,081	0	33,150	1,239,824	106,968	115,619	1,539,905

*Fully Insured plans do not include government sponsored plans.

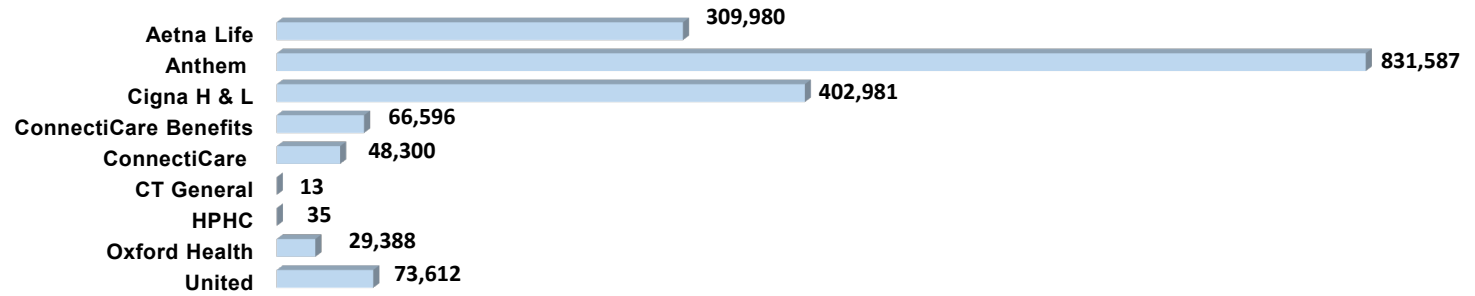
**Other Enrollment represents self-insured plans.

Managed Care Organizations - 2023 Enrollment

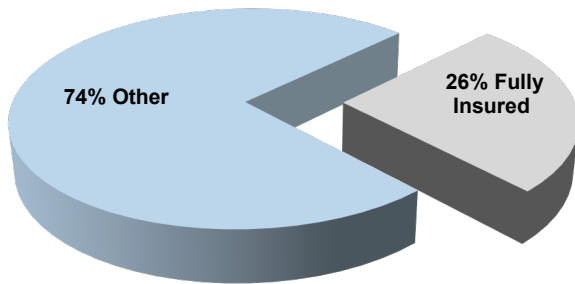
HMO



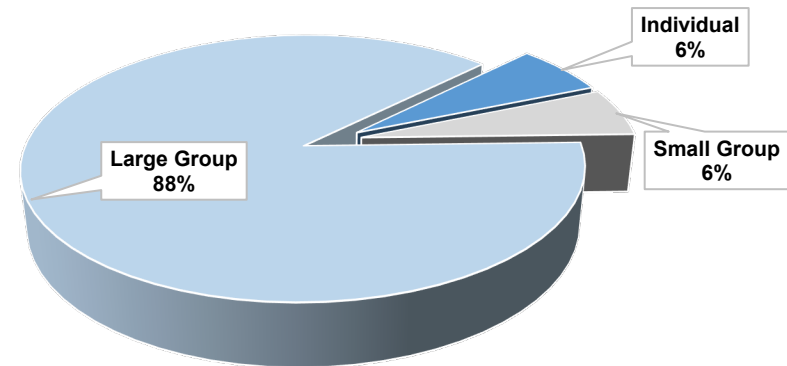
Indemnity



Enrollment
Fully Insured vs. Other Enrollment



PlanType



Member Satisfaction - Overall Satisfaction

HMO	0 - 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna Health	0.0%	25.0%	75.0%
Anthem	4.0%	15.3%	80.7%
Cigna	2.2%	26.6%	71.2%
ConnectiCare	14.3%	42.8%	42.9%
Harvard	0.0%	58.8%	41.2%
Oxford	8.0%	32.0%	60.0%

Indemnity	0 - 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna Life	2.8%	30.3%	66.9%
Anthem	2.9%	31.8%	65.3%
Cigna H & L	11.1%	27.1%	61.8%
ConnectiCare Benefits	13.6%	45.5%	40.9%
ConnectiCare	15.0%	23.3%	61.7%
CT General	0.0%	0.0%	0.0%
HPHC	7.5%	38.8%	53.8%
Oxford Health	8.7%	38.3%	53.0%
United	2.8%	32.6%	64.6%

Member Satisfaction Survey – HMO

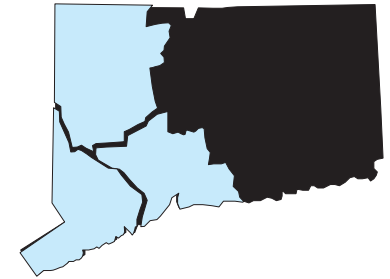
		Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.		77%	6%	100%	4%	20%	34%
Percentage of those surveyed who responded		7%	19%	25%	9%	4%	5%
Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	0.0%	4.2%	4.0%	7.7%	9.1%	0.0%
	Sometimes	33.3%	10.4%	20.0%	23.1%	9.1%	21.2%
	Usually	0.0%	44.4%	39.0%	15.4%	27.3%	39.4%
	Always	66.7%	41.0%	37.0%	53.8%	54.5%	39.4%
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%	3.4%	1.7%	0.0%	7.1%	6.1%
	Sometimes	50.0%	21.5%	22.0%	40.0%	14.3%	21.2%
	Usually	0.0%	28.8%	32.2%	20.0%	42.9%	30.3%
	Always	50.0%	46.3%	44.1%	40.0%	35.7%	42.4%
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%	1.3%	1.6%	0.0%	0.0%	5.9%
	Sometimes	0.0%	20.5%	15.6%	14.3%	25.0%	17.6%
	Usually	0.0%	26.9%	21.9%	42.8%	50.0%	17.6%
	Always	0.0%	51.3%	60.9%	42.9%	25.0%	58.8%
Q4) In the last 12 months, how often was it easy to get care, tests, or treatment, you needed?	Never	0.0%	1.1%	1.7%	9.1%	0.0%	0.0%
	Sometimes	0.0%	12.0%	11.8%	9.1%	12.5%	13.2%
	Usually	50.0%	45.7%	43.7%	36.3%	43.8%	52.6%
	Always	50.0%	41.2%	42.8%	45.5%	43.8%	34.2%
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%	1.4%	2.0%	20.0%	0.0%	5.9%
	Sometimes	100.0%	11.3%	16.0%	40.0%	0.0%	11.8%
	Usually	0.0%	28.2%	24.0%	20.0%	100.0%	29.4%
	Always	0.0%	59.1%	58.0%	20.0%	0.0%	52.9%

Member Satisfaction Survey – Indemnity

		Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.		1%	2%	19%	1%	2%	0%	23%	17%	25%
Percentage of those surveyed who responded		11%	14%	11%	10%	8%	0%	8%	5%	10%
Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	4.7%	3.4%	4.2%	10.0%	8.3%	0.0%	1.9%	1.3%	3.0%
	Sometimes	18.8%	13.6%	13.6%	20.0%	8.3%	0.0%	13.2%	25.0%	11.2%
	Usually	36.5%	33.3%	39.0%	36.7%	25.1%	0.0%	39.6%	32.5%	40.3%
	Always	40.0%	49.7%	43.2%	33.3%	58.3%	0.0%	45.3%	41.3%	45.5%
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	0.9%	4.1%	2.3%	8.8%	2.6%	0.0%	3.3%	2.2%	3.4%
	Sometimes	17.6%	17.5%	20.5%	20.6%	26.3%	0.0%	16.7%	29.0%	9.5%
	Usually	28.7%	31.6%	35.6%	20.6%	29.0%	0.0%	30.0%	22.6%	39.5%
	Always	52.8%	46.8%	41.6%	50.0%	42.1%	0.0%	50.0%	46.2%	47.6%
Q3) In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Never	2.3%	4.3%	0.0%	4.8%	0.0%	0.0%	5.0%	4.0%	4.5%
	Sometimes	6.8%	12.9%	15.6%	28.6%	5.6%	0.0%	17.5%	14.0%	14.9%
	Usually	29.5%	28.0%	29.7%	9.5%	27.7%	0.0%	25.0%	38.0%	23.9%
	Always	61.4%	54.8%	54.7%	57.1%	66.7%	0.0%	52.5%	44.0%	56.7%
Q4) In the last 12 months, how often was it easy to get care, tests, or treatment, you needed?	Never	0.9%	1.1%	0.7%	3.0%	0.0%	0.0%	2.9%	2.1%	2.5%
	Sometimes	9.7%	13.6%	14.1%	21.2%	15.4%	0.0%	17.1%	14.6%	11.1%
	Usually	42.5%	33.5%	40.8%	42.5%	38.4%	0.0%	38.6%	46.9%	43.8%
	Always	46.9%	51.8%	44.4%	33.3%	46.2%	0.0%	41.4%	36.5%	42.6%
Q5) In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	3.9%	3.2%	5.6%	16.7%	0.0%	0.0%	3.6%	5.9%	7.1%
	Sometimes	17.6%	21.0%	14.8%	33.3%	31.2%	0.0%	17.9%	29.4%	14.3%
	Usually	35.3%	41.9%	40.7%	16.7%	25.0%	0.0%	46.4%	26.5%	34.3%
	Always	43.1%	33.9%	38.9%	33.3%	43.8%	0.0%	32.1%	38.2%	44.3%

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	1,364	3,305	6	153	1,658	3,898	5	175	229	770	3	35
Anthem	1,094	2,342	7	153	1,224	3,352	5	181	145	258	2	36
Cigna Healthcare	1,452	6,747	6	163	1,599	7,109	6	188	330	1,015	2	35
ConnectiCare	1,383	3,409	6	166	1,528	3,108	4	184	233	1,067	1	40
Harvard	588	4,181	6	174	427	2,389	6	190	59	197	2	39
Oxford	743	2,782	6	170	866	3,767	6	186	168	663	3	39

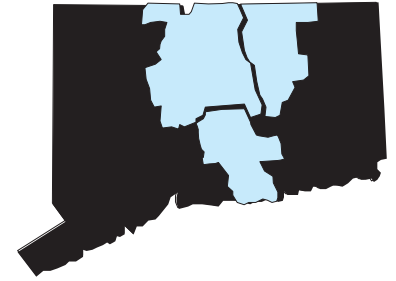
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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

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

Health Maintenance Organization

Number of Providers Located in Each Connecticut County



HMO	Hartford County				Tolland County				Middlesex County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Health	1,394	3,340	7	167	138	578	2	23	256	649	1	37
Anthem	1,264	2,920	7	171	128	259	2	23	210	352	1	37
Cigna Healthcare	1,519	6,823	7	179	197	717	2	24	322	925	1	37
ConnectiCare	1,595	4,895	4	172	182	691	2	24	375	626	1	39
Harvard	710	3,824	7	178	31	69	2	23	85	301	1	42
Oxford	768	2,751	6	177	79	362	2	23	133	469	1	41

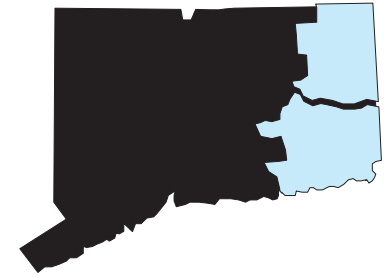
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each HMO provider network in 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	326	1,122	2	48	160	440	2	24	5,525	14,102	28	662
Anthem	262	580	2	48	124	199	2	24	4,451	10,262	28	673
Cigna Healthcare	370	2,485	2	54	201	757	2	23	5,990	26,578	28	703
ConnectiCare	325	1,068	2	53	158	651	2	23	5,779	15,515	22	701
Harvard	102	519	2	59	53	155	2	24	2,055	11,635	28	729
Oxford	197	879	2	55	102	423	2	24	3,056	12,096	28	715

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

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

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

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County



Indemnity Managed Care Organization	Fairfield County				New Haven County				Litchfield County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Life	1,364	3,305	6	153	1,658	3,898	5	175	229	770	3	35
Anthem	1,106	2,349	7	153	1,223	3,357	5	181	145	258	2	36
Cigna H & L	1,408	5,759	6	165	1,622	5,903	6	190	324	788	2	41
ConnectiCare Benefits	1,381	3,367	6	166	1,524	3,102	4	184	232	1,066	1	40
ConnectiCare	1,383	3,409	6	166	1,528	3,108	4	184	233	1,067	1	40
CT General	1,408	5,759	6	165	1,622	5,903	6	190	324	788	2	41
HPHC	588	4,181	6	174	427	2,389	6	190	59	197	2	39
Oxford Health	743	2,782	6	170	866	3,767	6	186	168	663	3	39
United	743	2,782	6	170	866	3,767	6	186	168	663	3	39

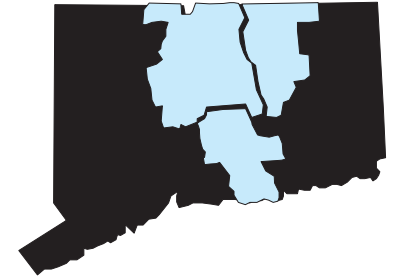
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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

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

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County



Indemnity Managed Care Organization	Hartford County				Tolland County				Middlesex County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Life	1,394	3,340	7	167	138	578	2	23	256	649	1	37
Anthem	1,265	2,927	7	171	128	259	2	23	210	351	0	37
Cigna H & L	1,544	6,060	7	178	193	637	2	24	330	844	1	38
ConnectiCare Benefits	1,585	4,785	4	172	181	680	2	24	374	607	1	39
ConnectiCare	1,595	4,895	4	172	182	691	2	24	375	626	1	39
CT General	1,544	6,060	7	178	193	637	2	24	330	844	1	38
HPHC	710	3,824	7	178	31	69	2	23	85	301	1	42
Oxford Health	768	2,751	6	177	79	362	2	23	133	469	1	41
United	768	2,751	6	177	79	362	2	23	133	469	1	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 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	326	1,122	2	48	160	440	2	24	5,525	14,102	28	662
Anthem	264	583	2	48	124	201	2	24	4,465	10,285	28	673
Cigna H & L	365	2,118	2	53	198	577	2	23	5,984	22,686	28	712
ConnectiCare Benefits	325	1,012	2	53	158	638	2	23	5,760	15,257	22	701
ConnectiCare	325	1,068	2	53	158	651	2	23	5,779	15,515	22	701
CT General	365	2,118	2	53	198	577	2	23	5,984	22,686	28	712
HPHC	102	519	2	59	53	155	2	24	2,055	11,635	28	729
Oxford Health	197	879	2	55	102	423	2	24	3,056	12,096	28	715
United	197	879	2	55	102	423	2	24	3,056	12,096	28	715

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

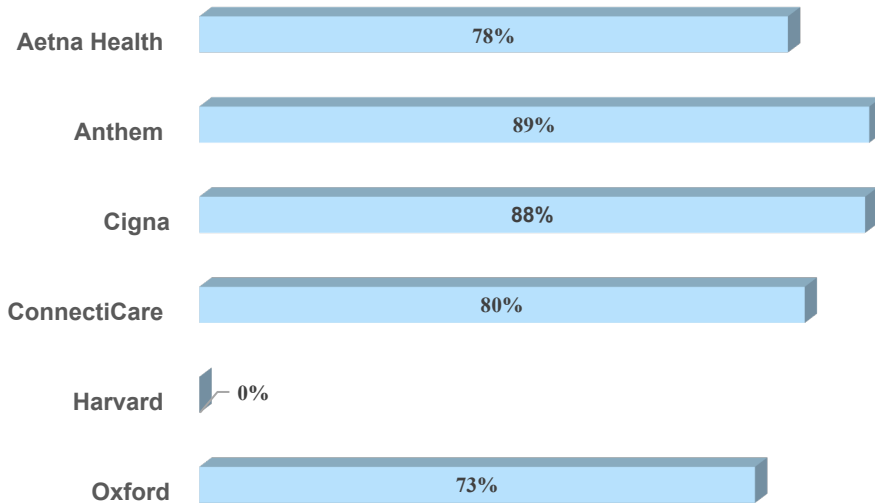
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more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

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

Medical Measures / Usage - Health Maintenance Organizations

Breast Cancer Screening

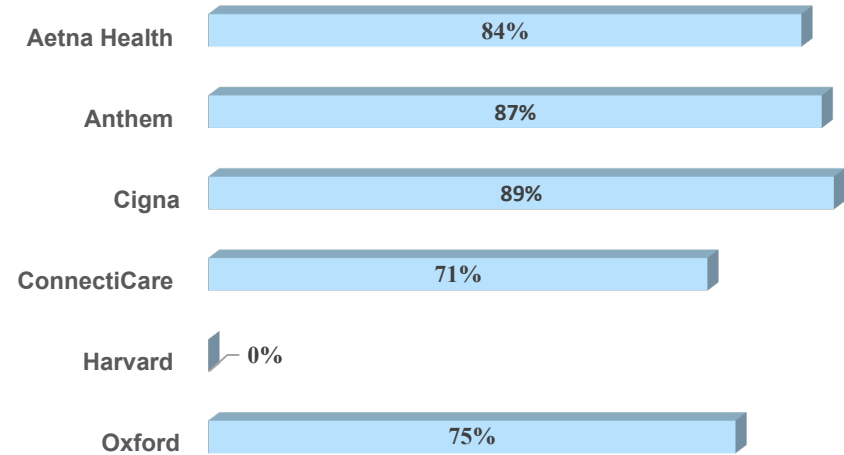
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2023; and (b) were continuously enrolled from October 1, 2021, through December 31, 2023; and (c) had 1 or more mammogram between October 1, 2021, and December 31, 2023.



Cervical Cancer Screening

The percentage of enrolled women who were age 24 through 64 years as of December 31, 2023; and were continuously enrolled during 2021, 2022, 2023; and who were either.

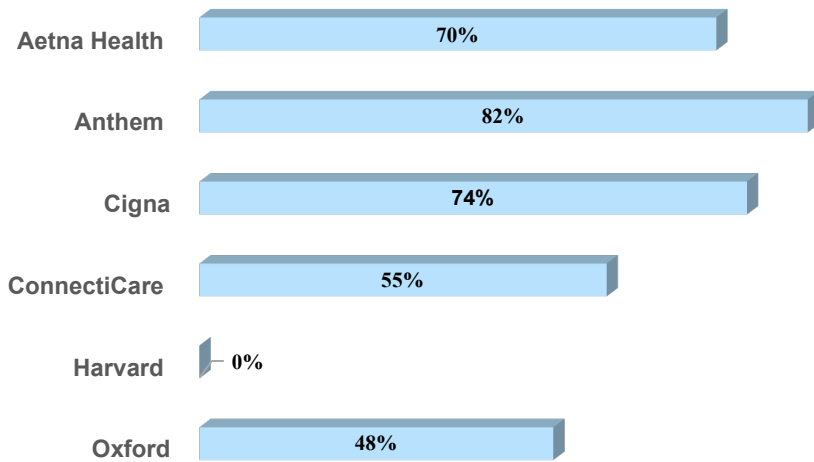
- (A) a woman ages 21-64, who had cervical cytology performed during 2021, 2022 or 2023; or
- (B) a woman ages 30-64, who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years, or
- (C) woman ages 30-64, who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.



Medical Measures / Usage - Health Maintenance Organizations

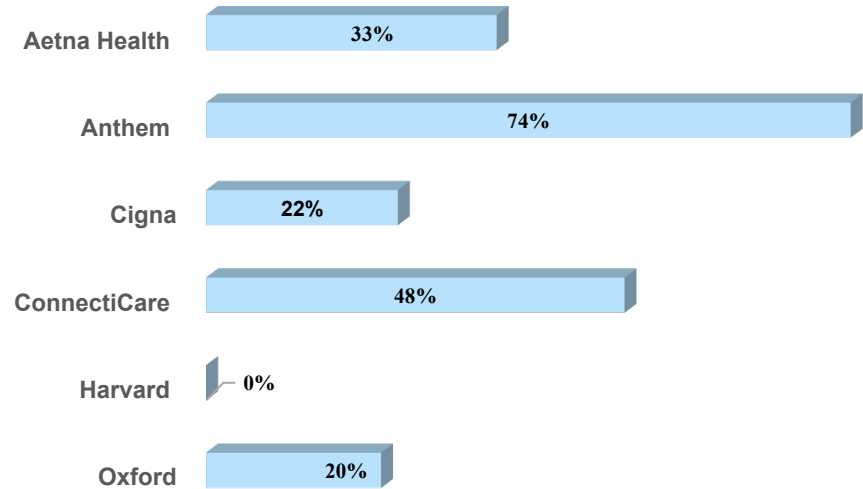
Colorectal Cancer Screening

The percentage of members 46-75 years as of December 31, 2023, who were continuously enrolled during 2022 and 2023, 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 2023, (b) flexible sigmoidoscopy during 2023 or the 4 years prior, (c) colonoscopy during 2023 or the 9 years prior, (d) CT colonography during 2023 or the 4 years prior, (e) FIT-DNA test during 2023 or the 2 years prior.



Controlling High Blood Pressure

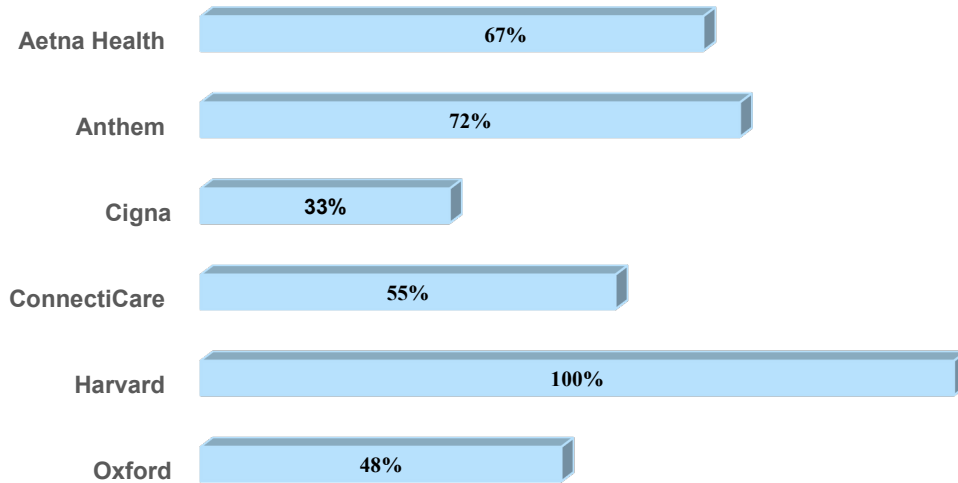
The percentage of members 18-85 years as of December 31, 2023, who were continuously enrolled during 2023, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled (<140/90 mm Hg) during 2023.



Medical Measures / Usage - Health Maintenance Organizations

Childhood Immunizations

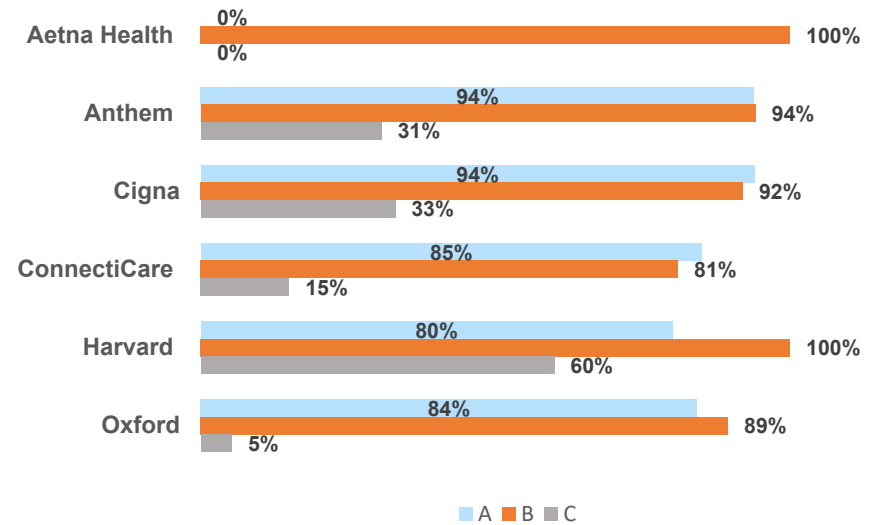
The percentage of enrolled children who: (a) turned two years old during 2023; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza 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 2023, who were continuously enrolled 12 months prior to their 13th birthday who:

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



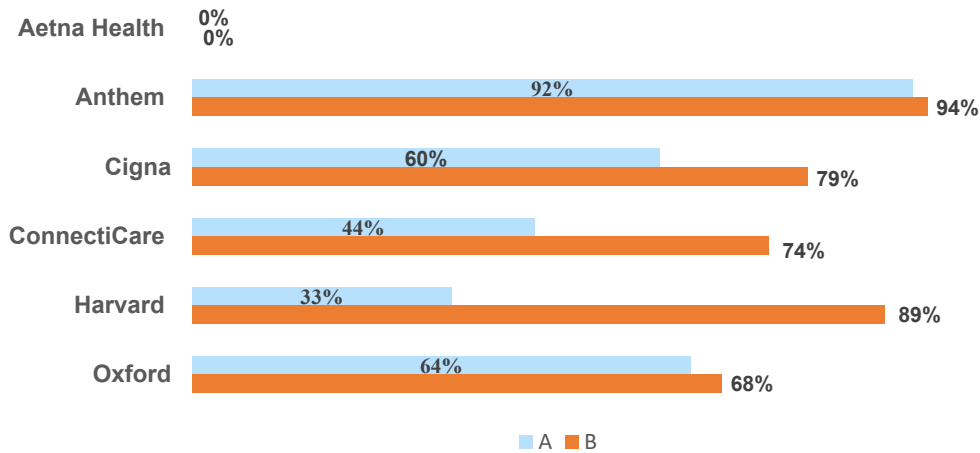
Medial Measures / Usage - Health Maintenance Organizations

Prenatal Care in the First Trimester & Postpartum Care Following Delivery

The percentage of enrolled members who: delivered a live birth on or between October 8, 2022, and October 7, 2023; 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.

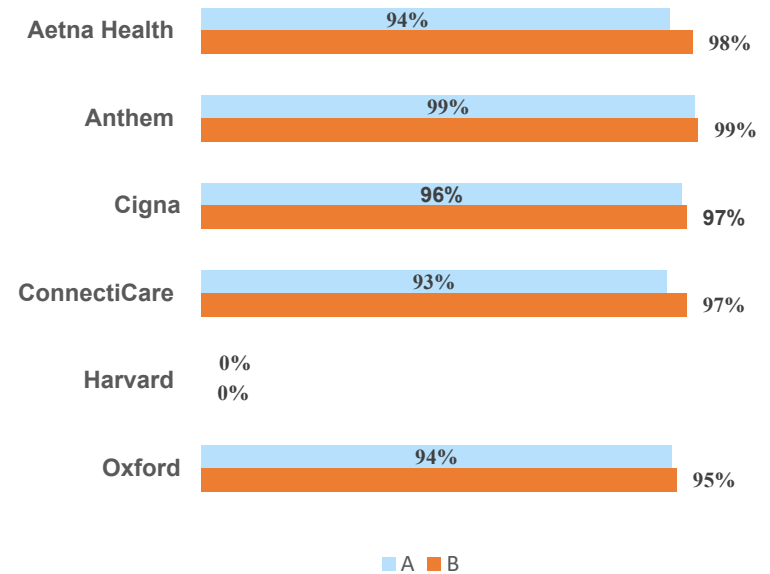


Adult Access to Preventive and Ambulatory Health Services

The percentage of members who were continuously enrolled in the plan during 2021, 2022 and 2023; and had at least one ambulatory or preventive care visit in 2021, 2022 or 2023; that:

(A) were age 20-44 as of December 31, 2023.

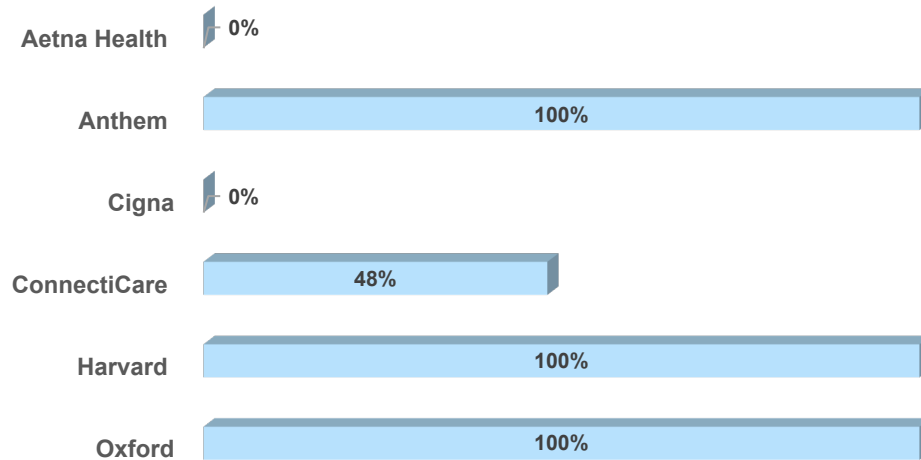
(B) were age 45-64 as of December 31, 2023.



Medical Measures / Usage - Health Maintenance Organizations

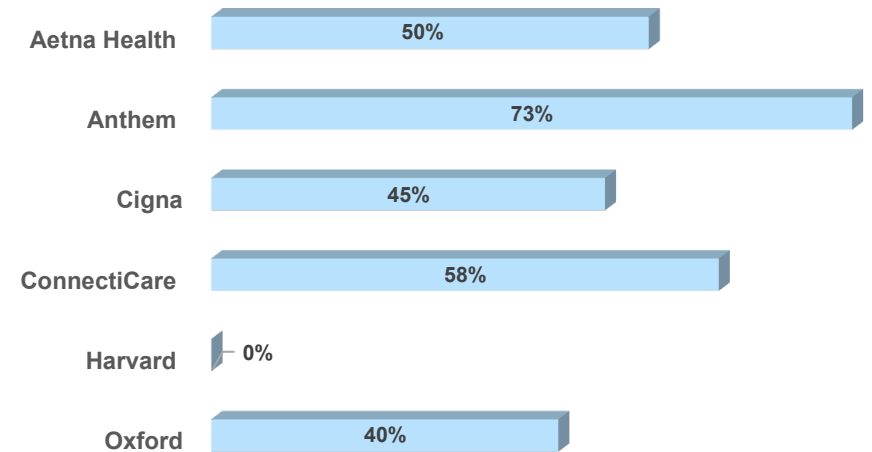
Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 18 years and older as of December 31, 2023 and (b) were hospitalized and discharged between July 1, 2022 and June 30, 2023; 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

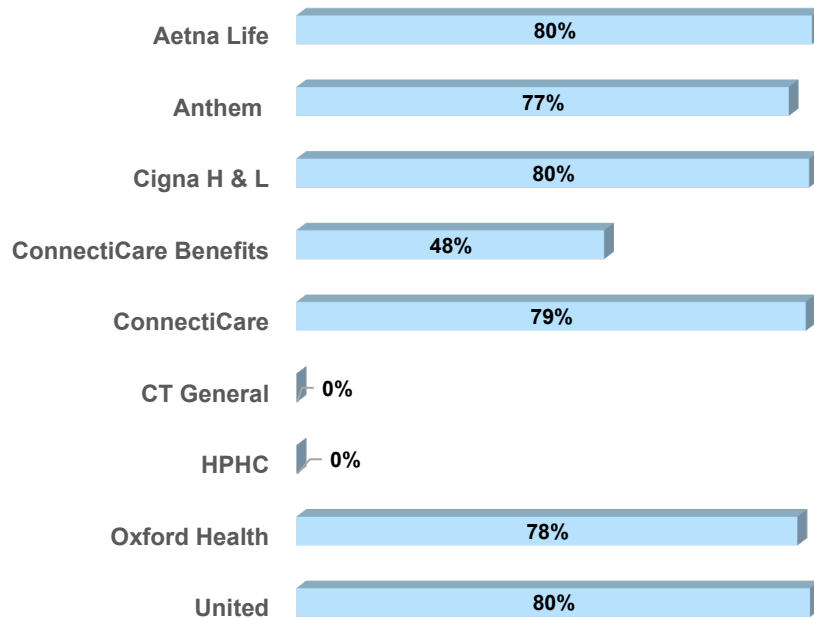
The percentage of all members with diabetes (type II and I) who were enrolled on December 31, 2023; and (b) were 18 through 75 years of age during 2023; and who had a retinal eye examination in 2023.



Medical Measures / Usage - Indemnity Managed Care Organizations

Breast Cancer Screening

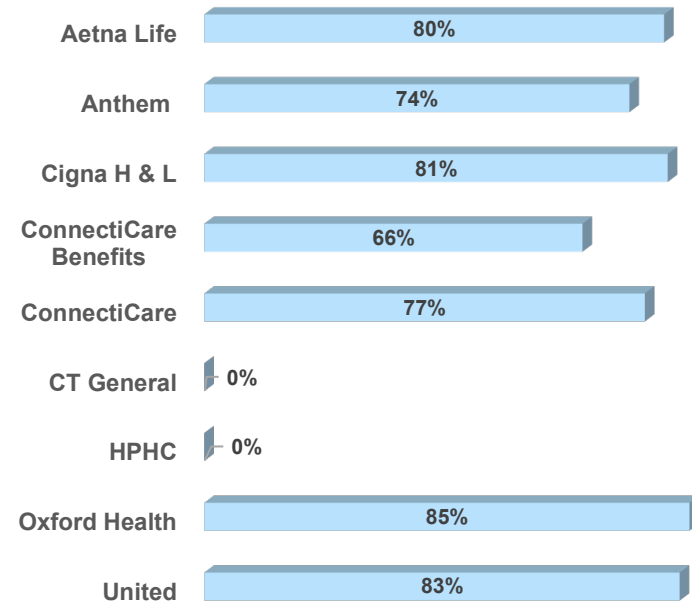
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2023; and (b) were continuously enrolled from October 1, 2021, through December 31, 2023; and (c) had 1 or more mammogram between October 1, 2021, and December 31, 2023.



Cervical Cancer Screening

The percentage of enrolled women who were age 24 through 64 years as of December 31, 2023; and were continuously enrolled during 2021, 2022, 2023; and who were either:

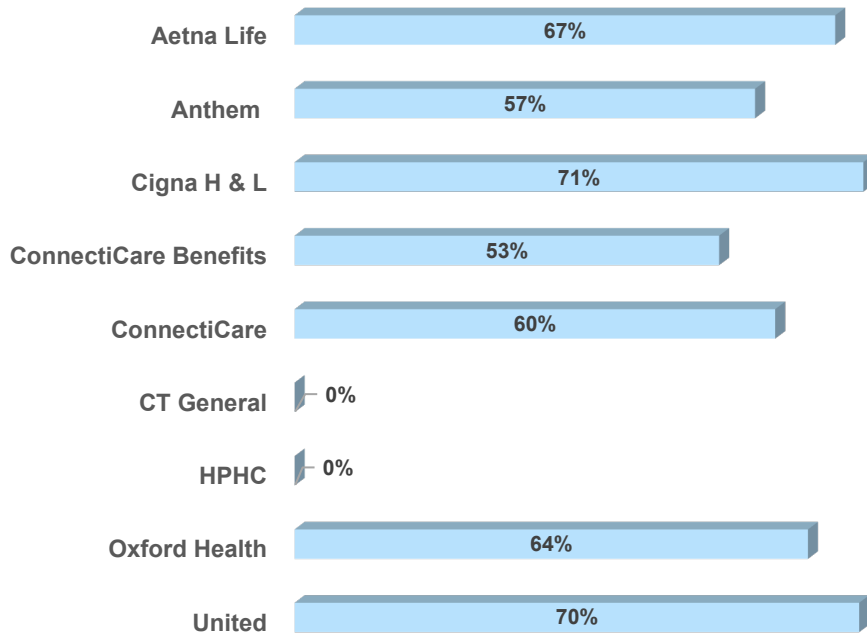
- (A) a woman ages 21-64, who had cervical cytology performed during 2021, 2022 or 2023; or
- (B) a woman ages 30-64, who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years, or
- (C) a woman ages 30-64, who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.



Medical Measures / Usage - Indemnity Managed Care Organizations

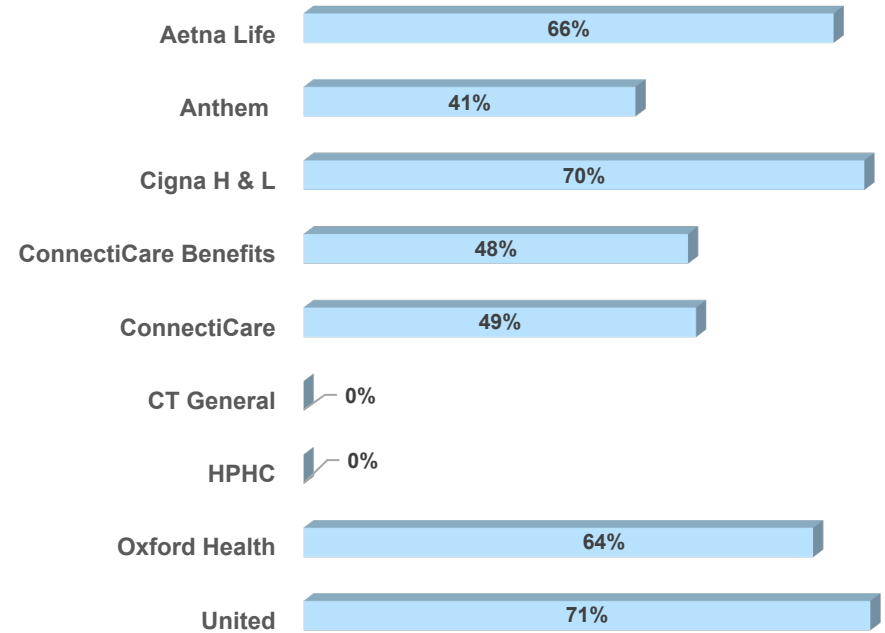
Colorectal Cancer Screening

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Controlling High Blood Pressure

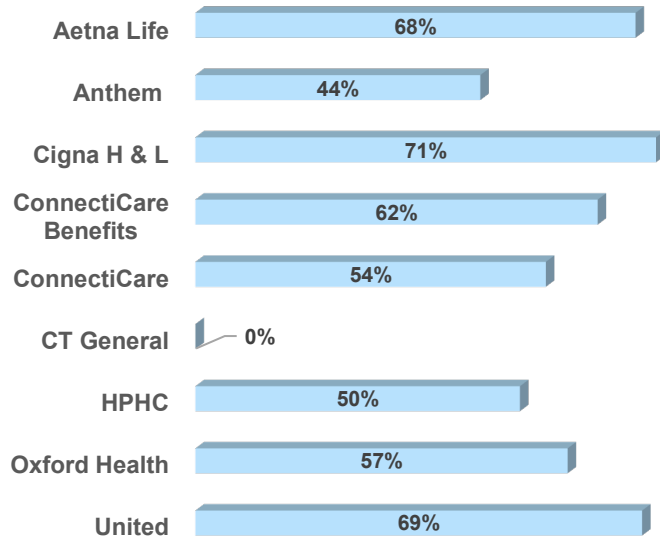
The percentage of members 18-85 years as of December 31, 2023, who were continuously enrolled during 2023, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled (<140/90 mm Hg) during 2023.



Medical Measures / Usage - Indemnity Managed Care Organizations

Childhood Immunizations

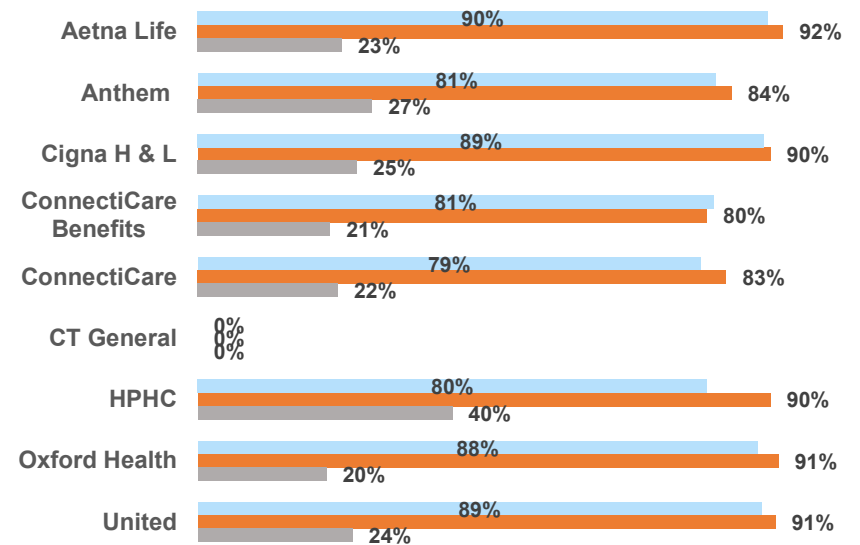
The percentage of enrolled children who: (a) turned two years old during 2023; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza 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 2023, who were continuously enrolled 12 months prior to their 13th birthday who:

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



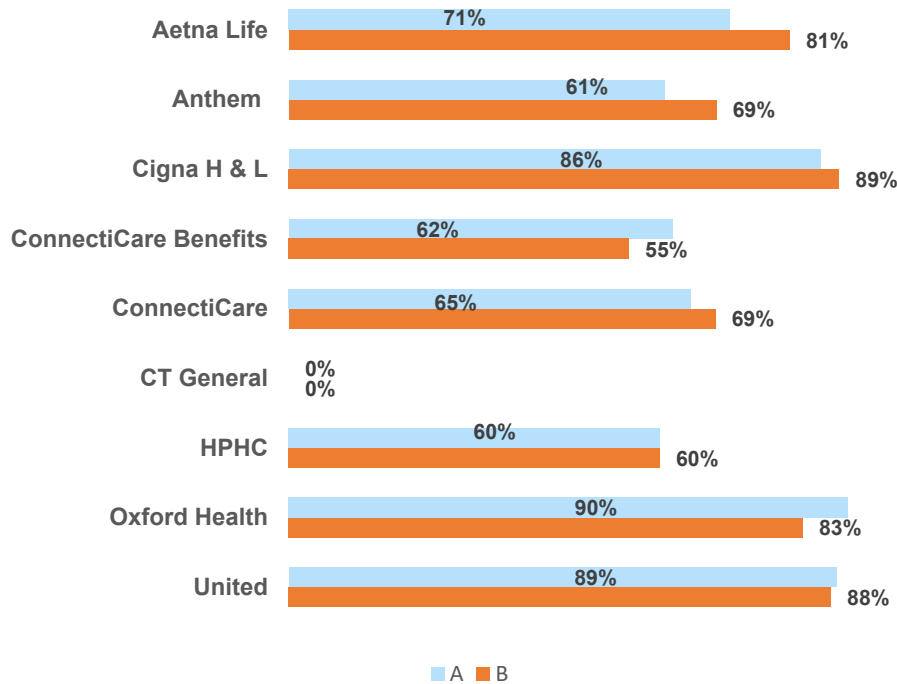
■ A ■ B ■ C

Medical Measures / Usage - Indemnity Managed Care Organizations

Prenatal Care in the First Trimester & Postpartum Care Following Delivery

The percentage of members who: delivered a live birth on or between October 8, 2022, and October 7, 2023; and were continuously enrolled for 43 days prior to delivery through 60 days after delivery; and

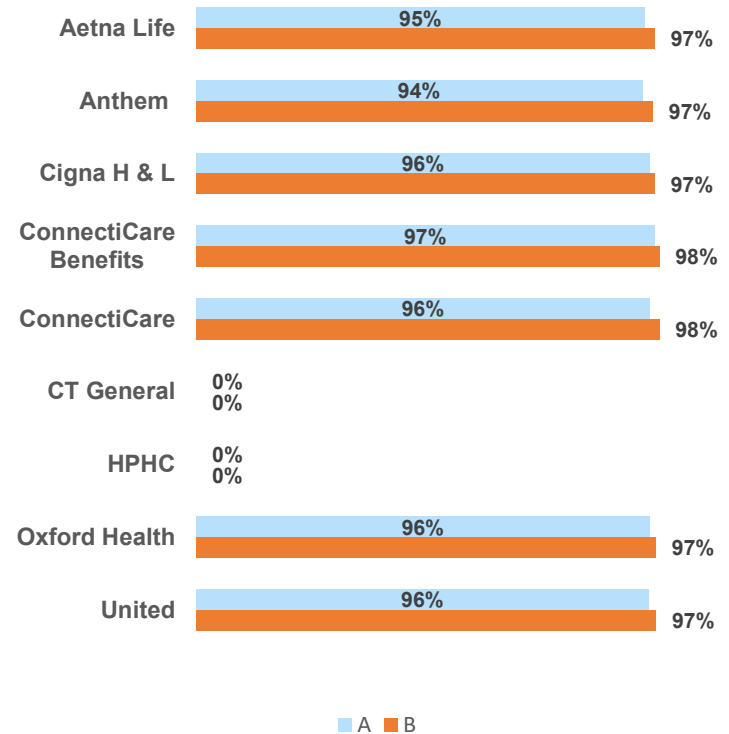
- (A) had at least one pre-natal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the Managed Care Organization.
- (B) had a postpartum visit on or between 7 and 84 days after delivery.



Adult Access to Preventive and Ambulatory Health Services

The percentage of members who were continuously enrolled in the plan during 2021, 2022 and 2023; and had at least one ambulatory or preventive care visit in 2021, 2022 or 2023; that:

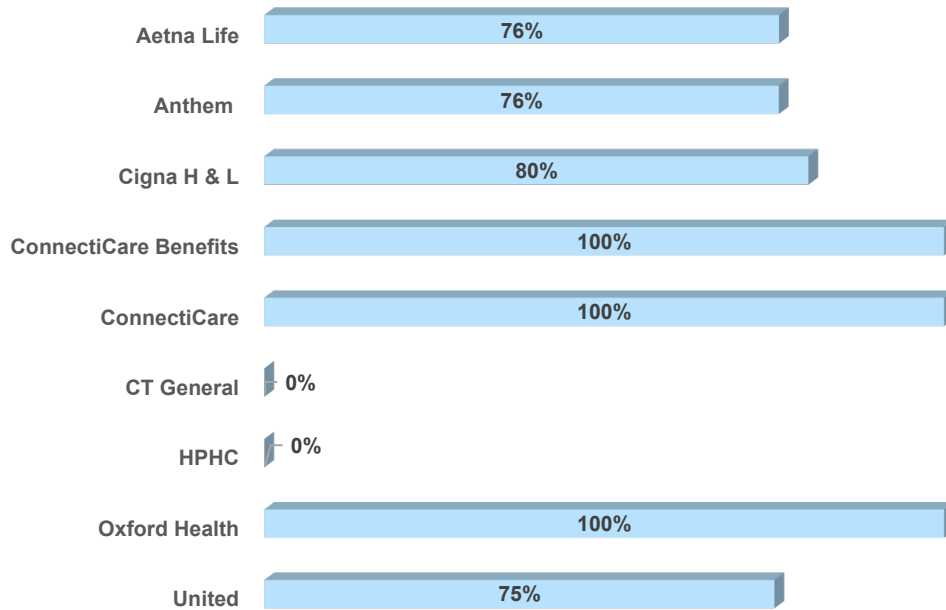
- (A) were age 20-44 as of December 31, 2023.
- (B) were age 45-64 as of December 31, 2023.



Medical Measures / Usage - Indemnity Managed Care Organizations

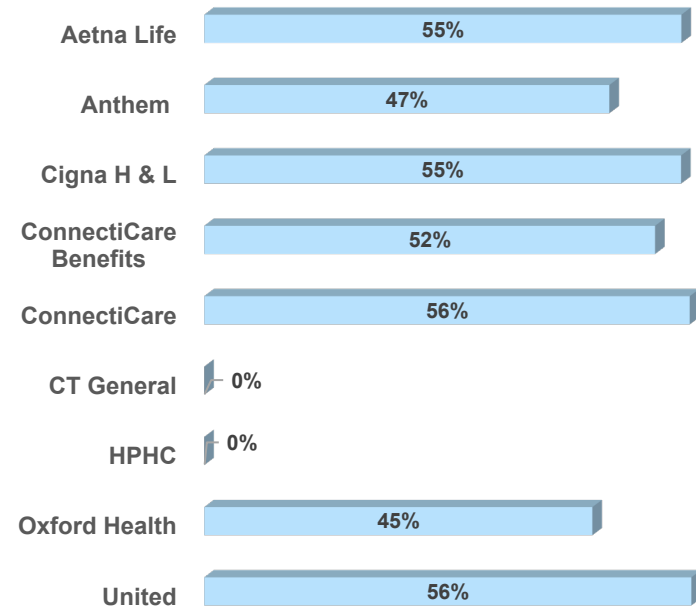
Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 18 years and older as of December 31, 2023; and (b) were hospitalized and discharged between July 1, 2022, and June 30, 2023; 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, 2023; and (b) were 18 through 75 years of age during 2023; and (c) who had a retinal eye examination in 2023.



Utilization Review Savings Estimates

	Prior Authorizations:		Other Utilization Review Protocols:		% of Benefits requiring Prior Authorization
	Total Savings for the Year	Savings on a per member per month basis	Total Savings for the Year	Savings on a per member per month basis	
HMO's					
Aetna Health	\$3,943.43	\$4.41	-\$93.00	-\$0.10	5%
Anthem	\$11,872,031.66	\$8.71	\$1,937,630.32	\$1.42	2%
Cigna	\$122.40	\$2.40	\$102.00	\$2.00	3%
ConnectiCare	\$2,008,747.00	\$28.09	\$0.00	\$0.00	10%
Harvard	\$120,496.68	\$18.36	\$84,301.84	\$12.84	13%
Oxford	\$605,803.41	\$14.03	\$402,235.19	\$9.32	7%

	Prior Authorizations:		Other Utilization Review Protocols:		% of Benefits requiring Prior Authorization
	Total Savings for the Year	Savings on a per member per month basis	Total Savings for the Year	Savings on a per member per month basis	
Indemnity					
Aetna Life	\$6,403,455.07	\$10.08	\$2,576,244.00	\$4.05	10%
Anthem	\$81,957,678.46	\$60.13	\$21,788,351.70	\$15.99	3%
Cigna H & L	\$4,813,759.30	\$11.93	\$785,582.72	\$1.93	13%
ConnectiCare Benefits	\$22,254,670.00	\$28.29	\$0.00	\$0.00	10%
ConnectiCare	\$18,358,747.00	\$34.26	\$0.00	\$0.00	10%
CT General	\$1,944.59	\$11.93	\$314.59	\$1.93	7%
HPHC	\$288,950.34	\$18.03	\$84,317.44	\$5.26	13%
Oxford Health	\$4,379,804.74	\$11.21	\$3,511,704.31	\$8.98	7%
United	\$5,924,871.66	\$6.91	\$5,551,105.56	\$6.55	6%

Utilization Review Data – 2023 (Percentage of benefits which require Prior Authorization – 5%)

HMO- Aetna Health	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	4	0	4
1. Based on Medical Necessity	4	0	4
2. Based on anything other than Medical Necessity	0	0	0
B. The total number of UR requests in A, that were denied*.	2	0	2
1. Based on Medical Necessity	2	0	2
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of UR requests that were denied* based on A.	50%	0%	50%
1. Based on Medical Necessity	50%	0%	50%
2. Based on anything other than Medical Necessity	0%	0%	0%
C. The total number of denials in B above that were appealed.	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 denials in B above that were appealed.	100%	0%	100%
1. Based on Medical Necessity	100%	0%	100%
2. Based on anything other than Medical Necessity	0%	0%	0%
D. The total number of appeals in C, that were reversed on appeal.	2	0	2
1. Based on Medical Necessity	2	0	2
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals 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%
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 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 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 – 2023 (Percentage of benefits which require Prior Authorization – 2%)

HMO - Anthem	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	27,788	460	28,248
1. Based on Medical Necessity	26,844	460	27,304
2. Based on anything other than Medical Necessity	944	0	944
B. The total number of UR requests in A, that were denied*.	3,576	42	3,618
1. Based on Medical Necessity	3,562	42	3,604
2. Based on anything other than Medical Necessity	14	0	14
The Percentage of UR requests that were denied* based on A.	13%	9%	13%
1. Based on Medical Necessity	13%	9%	13%
2. Based on anything other than Medical Necessity	1%	0%	1%
C. The total number of denials in B above that were appealed.	93	10	103
1. Based on Medical Necessity	89	10	99
2. Based on anything other than Medical Necessity	4	0	4
The Percentage of denials in B above that were appealed.	3%	24%	3%
1. Based on Medical Necessity	2%	24%	3%
2. Based on anything other than Medical Necessity	29%	0%	29%
D. The total number of appeals in C, that were reversed on appeal.	29	3	32
1. Based on Medical Necessity	26	3	29
2. Based on anything other than Medical Necessity	3	0	3
The Percentage of appeals that were reversed on appeal.	31%	30%	31%
1. Based on Medical Necessity	29%	30%	29%
2. Based on anything other than Medical Necessity	75%	0%	75%
E. The total number of appeals in C that were upheld on appeal.	64	7	71
1. Based on Medical Necessity	63	7	70
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals in C that were upheld on appeal.	69%	70%	69%
1. Based on Medical Necessity	71%	70%	71%
2. Based on anything other than Medical Necessity	25%	0%	25%
F. The number of appeals in E that went to external appeal (through CID)	10	1	11
1. Based on Medical Necessity	10	1	11
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	16%	14%	15%
1. Based on Medical Necessity	16%	14%	16%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	3	0	3
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	30%	0%	27%
1. Based on Medical Necessity	30%	0%	27%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2023 (Percentage of benefits which require Prior Authorization – 3%)

HMO - Cigna Healthcare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	0	0	0
1. Based on Medical Necessity	0	0	0
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 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 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 – 2023 (Percentage of benefits which require Prior Authorization – 10%)

HMO - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	2,844	176	3,020
1. Based on Medical Necessity	2,802	175	2,977
2. Based on anything other than Medical Necessity	42	1	43
B. The total number of UR requests in A, that were denied*.	537	8	545
1. Based on Medical Necessity	495	7	502
2. Based on anything other than Medical Necessity	42	1	43
The Percentage of UR requests that were denied* based on A.	19%	5%	18%
1. Based on Medical Necessity	18%	4%	17%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	59	7	66
1. Based on Medical Necessity	53	7	60
2. Based on anything other than Medical Necessity	6	0	6
The Percentage of denials in B above that were appealed.	11%	88%	12%
1. Based on Medical Necessity	11%	100%	12%
2. Based on anything other than Medical Necessity	14%	0%	14%
D. The total number of appeals in C, that were reversed on appeal.	38	5	43
1. Based on Medical Necessity	38	5	43
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	64%	71%	65%
1. Based on Medical Necessity	72%	71%	72%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	21	2	23
1. Based on Medical Necessity	15	2	17
2. Based on anything other than Medical Necessity	6	0	6
The Percentage of appeals in C that were upheld on appeal.	36%	29%	35%
1. Based on Medical Necessity	28%	29%	28%
2. Based on anything other than Medical Necessity	100%	0%	100%
F. The number of appeals in E that went to external appeal (through CID)	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 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 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 – 2023 (Percentage of benefits which require Prior Authorization – 13%)

HMO - Harvard	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	243	56	299
1. Based on Medical Necessity	210	56	266
2. Based on anything other than Medical Necessity	33	0	33
B. The total number of UR requests in A, that were denied*.	70	1	71
1. Based on Medical Necessity	47	0	47
2. Based on anything other than Medical Necessity	23	1	24
The Percentage of UR requests that were denied* based on A.	29%	2%	24%
1. Based on Medical Necessity	22%	0%	18%
2. Based on anything other than Medical Necessity	70%	0%	73%
C. The total number of denials in B above that were appealed.	12	0	12
1. Based on Medical Necessity	6	0	6
2. Based on anything other than Medical Necessity	6	0	6
The Percentage of denials in B above that were appealed.	17%	0%	17%
1. Based on Medical Necessity	13%	0%	13%
2. Based on anything other than Medical Necessity	26%	0%	25%
D. The total number of appeals in C, that were reversed on appeal.	5	0	5
1. Based on Medical Necessity	4	0	4
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals that were reversed on appeal.	42%	0%	42%
1. Based on Medical Necessity	67%	0%	67%
2. Based on anything other than Medical Necessity	17%	0%	17%
E. The total number of appeals in C that were upheld on appeal.	7	0	7
1. Based on Medical Necessity	2	0	2
2. Based on anything other than Medical Necessity	5	0	5
The Percentage of appeals in C that were upheld on appeal.	58%	0%	58%
1. Based on Medical Necessity	33%	0%	33%
2. Based on anything other than Medical Necessity	83%	0%	83%
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 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 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 – 2023 (Percentage of benefits which require Prior Authorization – 7%)

HMO - Oxford	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	1,545	46	1,591
1. Based on Medical Necessity	1,305	44	1,349
2. Based on anything other than Medical Necessity	240	2	242
B. The total number of UR requests in A, that were denied*.	352	27	379
1. Based on Medical Necessity	343	25	368
2. Based on anything other than Medical Necessity	9	2	11
The Percentage of UR requests that were denied* based on A.	23%	59%	24%
1. Based on Medical Necessity	26%	57%	27%
2. Based on anything other than Medical Necessity	4%	100%	5%
C. The total number of denials in B above that were appealed.	31	0	31
1. Based on Medical Necessity	22	0	22
2. Based on anything other than Medical Necessity	9	0	9
The Percentage of denials in B above that were appealed.	9%	0%	8%
1. Based on Medical Necessity	6%	0%	6%
2. Based on anything other than Medical Necessity	100%	0%	82%
D. The total number of appeals in C, that were reversed on appeal.	19	0	19
1. Based on Medical Necessity	13	0	13
2. Based on anything other than Medical Necessity	6	0	6
The Percentage of appeals that were reversed on appeal.	61%	0%	61%
1. Based on Medical Necessity	59%	0%	59%
2. Based on anything other than Medical Necessity	67%	0%	67%
E. The total number of appeals in C that were upheld on appeal.	12	0	12
1. Based on Medical Necessity	9	0	9
2. Based on anything other than Medical Necessity	3	0	3
The Percentage of appeals in C that were upheld on appeal.	39%	0%	39%
1. Based on Medical Necessity	41%	0%	41%
2. Based on anything other than Medical Necessity	33%	0%	33%
F. The number of appeals in E that went to external appeal (through CID)	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)	8%	0%	8%
1. Based on Medical Necessity	11%	0%	11%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals 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 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 – 2023 (Percentage of benefits which require Prior Authorization – 10%)

Indemnity - Aetna Life	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	2,845	291	3,136
1. Based on Medical Necessity	2,810	291	3,101
2. Based on anything other than Medical Necessity	35	0	35
B. The total number of UR requests in A, that were denied*.	456	23	479
1. Based on Medical Necessity	421	23	444
2. Based on anything other than Medical Necessity	35	0	35
The Percentage of UR requests that were denied* based on A.	16%	8%	15%
1. Based on Medical Necessity	15%	8%	14%
2. Based on anything other than Medical Necessity	100%	0%	100%
C. The total number of denials in B above that were appealed.	157	3	160
1. Based on Medical Necessity	125	3	128
2. Based on anything other than Medical Necessity	32	0	32
The Percentage of denials in B above that were appealed.	34%	13%	33%
1. Based on Medical Necessity	30%	13%	29%
2. Based on anything other than Medical Necessity	91%	0%	91%
D. The total number of appeals in C, that were reversed on appeal.	59	2	61
1. Based on Medical Necessity	58	2	60
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals that were reversed on appeal.	38%	67%	38%
1. Based on Medical Necessity	46%	67%	47%
2. Based on anything other than Medical Necessity	3%	0%	3%
E. The total number of appeals in C that were upheld on appeal.	98	1	99
1. Based on Medical Necessity	67	1	68
2. Based on anything other than Medical Necessity	31	0	31
The Percentage of appeals in C that were upheld on appeal.	62%	33%	62%
1. Based on Medical Necessity	54%	33%	53%
2. Based on anything other than Medical Necessity	97%	0%	97%
F. The number of appeals in E that went to external appeal (through CID)	8	0	8
1. Based on Medical Necessity	4	0	4
2. Based on anything other than Medical Necessity	4	0	4
The Percentage of appeals in E that went to external appeal. (through CID)	8%	0%	8%
1. Based on Medical Necessity	6%	0%	6%
2. Based on anything other than Medical Necessity	13%	0%	13%
G. The total number of external appeals in F that were reversed on appeal.	4	0	4
1. Based on Medical Necessity	2	0	2
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of external appeals in F that were reversed on appeal.	50%	0%	50%
1. Based on Medical Necessity	50%	0%	50%
2. Based on anything other than Medical Necessity	50%	0%	50%

Utilization Review Data – 2023 (Percentage of benefits which require Prior Authorization – 3%)

Indemnity - Anthem	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	179,892	3,255	183,147
1. Based on Medical Necessity	174,849	3,233	178,082
2. Based on anything other than Medical Necessity	5,043	22	5,065
B. The total number of UR requests in A, that were denied*.	23,432	201	23,633
1. Based on Medical Necessity	23,347	179	23,526
2. Based on anything other than Medical Necessity	85	22	107
The Percentage of UR requests that were denied* based on A.	13%	6%	13%
1. Based on Medical Necessity	13%	6%	13%
2. Based on anything other than Medical Necessity	2%	100%	2%
C. The total number of denials in B above that were appealed.	662	56	718
1. Based on Medical Necessity	629	56	685
2. Based on anything other than Medical Necessity	33	0	33
The Percentage of denials in B above that were appealed.	3%	28%	3%
1. Based on Medical Necessity	3%	31%	3%
2. Based on anything other than Medical Necessity	39%	0%	31%
D. The total number of appeals in C, that were reversed on appeal.	190	15	205
1. Based on Medical Necessity	171	15	186
2. Based on anything other than Medical Necessity	19	0	19
The Percentage of appeals that were reversed on appeal.	29%	27%	29%
1. Based on Medical Necessity	27%	27%	27%
2. Based on anything other than Medical Necessity	58%	0%	58%
E. The total number of appeals in C that were upheld on appeal.	472	41	513
1. Based on Medical Necessity	458	41	499
2. Based on anything other than Medical Necessity	14	0	14
The Percentage of appeals in C that were upheld on appeal.	71%	73%	71%
1. Based on Medical Necessity	73%	73%	73%
2. Based on anything other than Medical Necessity	42%	0%	42%
F. The number of appeals in E that went to external appeal (through CID)	46	1	47
1. Based on Medical Necessity	46	1	47
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	10%	2%	9%
1. Based on Medical Necessity	10%	2%	9%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	19	0	19
1. Based on Medical Necessity	19	0	19
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	41%	0%	40%
1. Based on Medical Necessity	41%	0%	40%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2023 (Percentage of benefits which require Prior Authorization – 13%)

Indemnity - Cigna H & L	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	116,690	1,456	118,146
1. Based on Medical Necessity	116,266	1,456	117,722
2. Based on anything other than Medical Necessity	424	0	424
B. The total number of UR requests in A, that were denied*.	7,458	59	7,517
1. Based on Medical Necessity	7,034	59	7,093
2. Based on anything other than Medical Necessity	424	0	424
The Percentage of UR requests that were denied* based on A.	6%	4%	6%
1. Based on Medical Necessity	6%	4%	6%
2. Based on anything other than Medical Necessity	100%	0%	100%
C. The total number of denials in B above that were appealed.	1,224	20	1,244
1. Based on Medical Necessity	1,161	19	1,180
2. Based on anything other than Medical Necessity	63	1	64
The Percentage of denials in B above that were appealed.	16%	34%	17%
1. Based on Medical Necessity	17%	32%	17%
2. Based on anything other than Medical Necessity	15%	0%	15%
D. The total number of appeals in C, that were reversed on appeal.	548	6	554
1. Based on Medical Necessity	489	6	495
2. Based on anything other than Medical Necessity	59	0	59
The Percentage of appeals that were reversed on appeal.	45%	30%	45%
1. Based on Medical Necessity	42%	32%	42%
2. Based on anything other than Medical Necessity	94%	0%	92%
E. The total number of appeals in C that were upheld on appeal.	676	14	690
1. Based on Medical Necessity	672	13	685
2. Based on anything other than Medical Necessity	4	1	5
The Percentage of appeals in C that were upheld on appeal.	55%	70%	55%
1. Based on Medical Necessity	58%	68%	58%
2. Based on anything other than Medical Necessity	6%	100%	8%
F. The number of appeals in E that went to external appeal (through CID)	18	1	19
1. Based on Medical Necessity	18	1	19
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%	7%	3%
1. Based on Medical Necessity	3%	8%	3%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	6	1	7
1. Based on Medical Necessity	6	1	7
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	33%	100%	37%
1. Based on Medical Necessity	33%	100%	37%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2023 (Percentage of benefits which require Prior Authorization – 10%)

Indemnity - ConnectiCare Benefits	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	35,964	2,770	38,734
1. Based on Medical Necessity	35,279	2,760	38,039
2. Based on anything other than Medical Necessity	685	10	695
B. The total number of UR requests in A, that were denied*.	6,717	83	6,800
1. Based on Medical Necessity	6,032	73	6,105
2. Based on anything other than Medical Necessity	685	10	695
The Percentage of UR requests that were denied* based on A.	19%	3%	18%
1. Based on Medical Necessity	17%	3%	16%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	710	41	751
1. Based on Medical Necessity	679	41	720
2. Based on anything other than Medical Necessity	31	0	31
The Percentage of denials in B above that were appealed.	11%	49%	11%
1. Based on Medical Necessity	11%	56%	12%
2. Based on anything other than Medical Necessity	5%	0%	4%
D. The total number of appeals in C, that were reversed on appeal.	515	23	538
1. Based on Medical Necessity	515	23	538
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	73%	56%	72%
1. Based on Medical Necessity	76%	56%	75%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	195	18	213
1. Based on Medical Necessity	164	18	182
2. Based on anything other than Medical Necessity	31	0	31
The Percentage of appeals in C that were upheld on appeal.	27%	44%	28%
1. Based on Medical Necessity	24%	44%	25%
2. Based on anything other than Medical Necessity	100%	0%	100%
F. The number of appeals in E that went to external appeal (through CID)	8	5	13
1. Based on Medical Necessity	3	5	8
2. Based on anything other than Medical Necessity	5	0	5
The Percentage of appeals in E that went to external appeal. (through CID)	4%	28%	6%
1. Based on Medical Necessity	2%	28%	4%
2. Based on anything other than Medical Necessity	16%	0%	16%
G. The total number of external appeals in F that were reversed on appeal.	2	1	3
1. Based on Medical Necessity	1	1	2
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of external appeals in F that were reversed on appeal.	25%	20%	23%
1. Based on Medical Necessity	33%	20%	25%
2. Based on anything other than Medical Necessity	20%	0%	20%

Utilization Review Data – 2023 (Percentage of benefits which require Prior Authorization – 10%)

Indemnity - ConnectiCare Ins.	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	23,802	2,202	26,004
1. Based on Medical Necessity	23,323	2,189	25,512
2. Based on anything other than Medical Necessity	479	13	492
B. The total number of UR requests in A, that were denied*.	4,173	59	4,232
1. Based on Medical Necessity	3,694	46	3,740
2. Based on anything other than Medical Necessity	479	13	492
The Percentage of UR requests that were denied* based on A.	18%	3%	16%
1. Based on Medical Necessity	16%	2%	15%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	440	36	476
1. Based on Medical Necessity	421	36	457
2. Based on anything other than Medical Necessity	19	0	19
The Percentage of denials in B above that were appealed.	11%	61%	11%
1. Based on Medical Necessity	11%	78%	12%
2. Based on anything other than Medical Necessity	4%	0%	4%
D. The total number of appeals in C, that were reversed on appeal.	330	24	354
1. Based on Medical Necessity	330	24	354
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	75%	67%	74%
1. Based on Medical Necessity	78%	67%	77%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	110	12	122
1. Based on Medical Necessity	91	12	103
2. Based on anything other than Medical Necessity	19	0	19
The Percentage of appeals in C that were upheld on appeal.	25%	33%	26%
1. Based on Medical Necessity	22%	33%	23%
2. Based on anything other than Medical Necessity	100%	0%	100%
F. The number of appeals in E that went to external appeal (through CID)	7	0	7
1. Based on Medical Necessity	7	0	7
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	6%	0%	6%
1. Based on Medical Necessity	8%	0%	7%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	2	0	2
1. Based on Medical Necessity	2	0	2
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	29%	0%	29%
1. Based on Medical Necessity	29%	0%	29%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2023 (Percentage of benefits which require Prior Authorization – 7%)

Indemnity - CT General	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	3	0	3
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	0	0	0
B. The total number of UR requests in A, that were denied*.	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 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 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 – 2023 (Percentage of benefits which require Prior Authorization – 13%)

Indemnity - HPHC	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	648	99	747
1. Based on Medical Necessity	591	99	690
2. Based on anything other than Medical Necessity	57	0	57
B. The total number of UR requests in A, that were denied*.	144	2	146
1. Based on Medical Necessity	104	2	106
2. Based on anything other than Medical Necessity	40	0	40
The Percentage of UR requests that were denied* based on A.	22%	2%	20%
1. Based on Medical Necessity	18%	2%	15%
2. Based on anything other than Medical Necessity	70%	0%	70%
C. The total number of denials in B above that were appealed.	20	0	20
1. Based on Medical Necessity	7	0	7
2. Based on anything other than Medical Necessity	13	0	13
The Percentage of denials in B above that were appealed.	14%	0%	14%
1. Based on Medical Necessity	7%	0%	7%
2. Based on anything other than Medical Necessity	33%	0%	33%
D. The total number of appeals in C, that were reversed on appeal.	9	0	9
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	6	0	6
The Percentage of appeals that were reversed on appeal.	45%	0%	45%
1. Based on Medical Necessity	43%	0%	43%
2. Based on anything other than Medical Necessity	46%	0%	46%
E. The total number of appeals in C that were upheld on appeal.	11	0	11
1. Based on Medical Necessity	4	0	4
2. Based on anything other than Medical Necessity	7	0	7
The Percentage of appeals in C that were upheld on appeal.	55%	0%	55%
1. Based on Medical Necessity	57%	0%	57%
2. Based on anything other than Medical Necessity	54%	0%	54%
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)	9%	0%	9%
1. Based on Medical Necessity	25%	0%	25%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals 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 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 – 2023 (Percentage of benefits which require Prior Authorization – 7%)

Indemnity - Oxford Health	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	14,942	401	15,343
1. Based on Medical Necessity	12,961	396	13,357
2. Based on anything other than Medical Necessity	1,981	5	1,986
B. The total number of UR requests in A, that were denied*.	3,621	194	3,815
1. Based on Medical Necessity	3,594	189	3,783
2. Based on anything other than Medical Necessity	27	5	32
The Percentage of UR requests that were denied* based on A.	24%	48%	25%
1. Based on Medical Necessity	28%	48%	28%
2. Based on anything other than Medical Necessity	1%	100%	2%
C. The total number of denials in B above that were appealed.	263	6	269
1. Based on Medical Necessity	236	6	242
2. Based on anything other than Medical Necessity	27	0	27
The Percentage of denials in B above that were appealed.	7%	3%	7%
1. Based on Medical Necessity	7%	3%	6%
2. Based on anything other than Medical Necessity	100%	0%	84%
D. The total number of appeals in C, that were reversed on appeal.	175	1	176
1. Based on Medical Necessity	156	1	157
2. Based on anything other than Medical Necessity	19	0	19
The Percentage of appeals that were reversed on appeal.	67%	17%	65%
1. Based on Medical Necessity	66%	17%	65%
2. Based on anything other than Medical Necessity	70%	0%	70%
E. The total number of appeals in C that were upheld on appeal.	88	5	93
1. Based on Medical Necessity	80	5	85
2. Based on anything other than Medical Necessity	8	0	8
The Percentage of appeals in C that were upheld on appeal.	33%	83%	35%
1. Based on Medical Necessity	34%	83%	35%
2. Based on anything other than Medical Necessity	30%	0%	30%
F. The number of appeals in E that went to external appeal (through CID)	9	0	9
1. Based on Medical Necessity	9	0	9
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	10%	0%	10%
1. Based on Medical Necessity	11%	0%	11%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	3	0	3
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	33%	0%	33%
1. Based on Medical Necessity	33%	0%	33%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2023 (Percentage of benefits which require Prior Authorization – 6%)

Indemnity - United	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	23,422	2,288	25,710
1. Based on Medical Necessity	21,929	2,276	24,205
2. Based on anything other than Medical Necessity	1,493	12	1,505
B. The total number of UR requests in A, that were denied*.	8,333	599	8,932
1. Based on Medical Necessity	8,244	587	8,831
2. Based on anything other than Medical Necessity	89	12	101
The Percentage of UR requests that were denied* based on A.	36%	26%	35%
1. Based on Medical Necessity	38%	26%	36%
2. Based on anything other than Medical Necessity	6%	100%	7%
C. The total number of denials in B above that were appealed.	92	9	101
1. Based on Medical Necessity	88	7	95
2. Based on anything other than Medical Necessity	4	2	6
The Percentage of denials in B above that were appealed.	1%	2%	1%
1. Based on Medical Necessity	1%	1%	1%
2. Based on anything other than Medical Necessity	4%	17%	6%
D. The total number of appeals in C, that were reversed on appeal.	49	2	51
1. Based on Medical Necessity	48	2	50
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals that were reversed on appeal.	53%	22%	50%
1. Based on Medical Necessity	55%	29%	53%
2. Based on anything other than Medical Necessity	25%	0%	17%
E. The total number of appeals in C that were upheld on appeal.	43	7	50
1. Based on Medical Necessity	40	5	45
2. Based on anything other than Medical Necessity	3	2	5
The Percentage of appeals in C that were upheld on appeal.	47%	78%	50%
1. Based on Medical Necessity	45%	71%	47%
2. Based on anything other than Medical Necessity	75%	100%	83%
F. The number of appeals in E that went to external appeal (through CID)	25	0	25
1. Based on Medical Necessity	25	0	25
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	58%	0%	50%
1. Based on Medical Necessity	63%	0%	56%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	14	0	14
1. Based on Medical Necessity	14	0	14
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	56%	0%	56%
1. Based on Medical Necessity	56%	0%	56%
2. Based on anything other than Medical Necessity	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2023

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	129	132	50	75	68	6
Number of UR Requests Denied	7	21	3	7	3	1
Percentage of UR Requests that were Denied	5%	16%	6%	9%	4%	17%
Number of Denials that were Appealed	2	6	1	1	0	0
Percentage of Denials that were Appealed	29%	29%	33%	14%	0%	0%
Number of Appeals that Reversed the decision	1	2	0	0	0	0
Percentage of Appeals that Reversed the decision	50%	33%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	1	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	100%	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 2023

HMO - Cigna Healthcare	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 - ConnectiCare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	18	36	11	82	26	3
Number of UR Requests Denied	0	0	1	2	4	1
Percentage of UR Requests that were Denied	0%	0%	9%	2%	15%	33%
Number of Denials that were Appealed	0	1	0	1	4	1
Percentage of Denials that were Appealed	0%	0%	0%	50%	100%	100%
Number of Appeals that Reversed the decision	0	1	0	0	4	0
Percentage of Appeals that Reversed the decision	0%	100%	0%	0%	100%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2023

HMO - Harvard	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	9	7	16	1	18	5
Number of UR Requests Denied	0	0	0	1	0	0
Percentage of UR Requests that were Denied	0%	0%	0%	100%	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 - Oxford	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	0	2	0	3	40	1
Number of UR Requests Denied	0	2	0	3	21	1
Percentage of UR Requests that were Denied	0%	100%	0%	100%	53%	100%
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 2023

Indemnity - Aetna Life	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	69	44	61	1	65	51
Number of UR Requests Denied	1	6	2	0	13	1
Percentage of UR Requests that were Denied	1%	14%	3%	0%	20%	2%
Number of Denials that were Appealed	0	0	0	1	2	0
Percentage of Denials that were Appealed	0%	0%	0%	0%	15%	0%
Number of Appeals that Reversed the decision	0	0	0	0	2	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	100%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Indemnity - Anthem	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	691	1,106	468	559	421	10
Number of UR Requests Denied	19	126	22	15	17	2
Percentage of UR Requests that were Denied	3%	11%	5%	3%	4%	20%
Number of Denials that were Appealed	7	42	3	3	1	0
Percentage of Denials that were Appealed	37%	33%	14%	20%	6%	0%
Number of Appeals that Reversed the decision	3	9	1	2	0	0
Percentage of Appeals that Reversed the decision	43%	21%	33%	67%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	1	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	3%	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 2023

Indemnity - Cigna L & H	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	517	365	223	7	231	113
Number of UR Requests Denied	8	16	6	0	29	0
Percentage of UR Requests that were Denied	2%	4%	3%	0%	13%	0%
Number of Denials that were Appealed	2	10	0	0	8	0
Percentage of Denials that were Appealed	25%	63%	0%	0%	28%	0%
Number of Appeals that Reversed the decision	0	3	0	0	3	0
Percentage of Appeals that Reversed the decision	0%	30%	0%	0%	38%	0%
Number of Upheld Appeals that went to External Appeal	0	1	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	14%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	1	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	100%	0%	0%	0%	0%

Indemnity - ConnectiCare Benefits	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	489	761	356	846	300	18
Number of UR Requests Denied	3	15	15	23	23	4
Percentage of UR Requests that were Denied	1%	2%	4%	3%	8%	22%
Number of Denials that were Appealed	2	11	2	3	22	1
Percentage of Denials that were Appealed	67%	73%	13%	13%	96%	25%
Number of Appeals that Reversed the decision	1	2	0	1	19	0
Percentage of Appeals that Reversed the decision	50%	18%	0%	33%	86%	0%
Number of Upheld Appeals that went to External Appeal	0	5	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	56%	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%	20%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2023

Indemnity - ConnectiCare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	474	499	266	810	131	22
Number of UR Requests Denied	5	10	6	12	25	1
Percentage of UR Requests that were Denied	1%	2%	2%	1%	19%	5%
Number of Denials that were Appealed	1	5	4	3	22	1
Percentage of Denials that were Appealed	20%	50%	67%	25%	88%	100%
Number of Appeals that Reversed the decision	1	2	1	2	18	0
Percentage of Appeals that Reversed the decision	100%	40%	25%	67%	82%	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 - CT General	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	0	0	0	0	0	0
Number of UR Requests Denied	0	0	0	0	0	0
Percentage of UR Requests that were Denied	0%	0%	0%	0%	0%	0%
Number of Denials that were Appealed	0	0	0	0	0	0
Percentage of Denials that were Appealed	0%	0%	0%	0%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2023

Indemnity - HPHC	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	14	18	16	3	39	9
Number of UR Requests Denied	0	0	0	1	0	1
Percentage of UR Requests that were Denied	0%	0%	0%	33%	0%	11%
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%

Indemnity - Oxford Health	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	0	8	3	14	375	1
Number of UR Requests Denied	0	8	3	14	168	1
Percentage of UR Requests that were Denied	0%	100%	100%	100%	45%	100%
Number of Denials that were Appealed	0	2	3	1	0	0
Percentage of Denials that were Appealed	0%	25%	100%	7%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	1	0	0
Percentage of Appeals that Reversed the decision	0%	0%	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%

Fully Insured Behavioral Health Statistics for 2023

Indemnity - United	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	258	322	92	455	1,144	17
Number of UR Requests Denied	1	5	2	14	574	3
Percentage of UR Requests that were Denied	0%	2%	2%	3%	50%	18%
Number of Denials that were Appealed	0	4	0	2	3	0
Percentage of Denials that were Appealed	0%	80%	0%	14%	1%	0%
Number of Appeals that Reversed the decision	0	1	0	0	1	0
Percentage of Appeals that Reversed the decision	0%	25%	0%	0%	33%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Mental Health Measures / Usage - Health Maintenance Organizations

Diagnosed Mental Health Disorders	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
The percentage of members 1 year of age and older as of December 31, 2023, who were continuously enrolled in 2023, who were diagnosed with a mental health disorder during 2023.						
(a) members ages 1 through 17 years of age, diagnosed with a mental health disorder	9%	28%	27%	22%	38%	19%
(b) members ages 18 through 64 years of age, diagnosed with a mental health disorder	31%	35%	34%	26%	25%	23%

Diagnosed With Substance Use Disorders	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
The percentage of members 13 years of age and older as of December 31, 2023, who were continuously enrolled in 2023, who were diagnosed with a substance use disorder during 2023						
Members age 13 through 17 years of age who:						
(a) diagnosed with an alcohol disorder	0%	0%	0%	0%	0%	0%
(b) diagnosed with an opioid disorder	0%	0%	0%	0%	0%	0%
(c) diagnosed with a disorder for other or unspecified drugs	0%	1%	0%	1%	0%	1%
(d) diagnosed with any substance use disorder	0%	1%	0%	1%	0%	1%
Members age 18 through 64 years of age who:						
(a) diagnosed with an alcohol disorder	1%	2%	1%	1%	1%	1%
(b) diagnosed with an opioid disorder	0%	0%	0%	0%	1%	1%
(c) diagnosed with a disorder for other or unspecified drugs	2%	1%	1%	1%	0%	1%
(d) diagnosed with any substance use disorder	2%	3%	2%	2%	2%	2%

Mental Health Measures / Usage - Health Maintenance Organizations

Follow-up After Hospitalization for Mental Health	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
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 diagnosis of mental illness or intentional self-harm diagnosis, with a discharge date on or between January 1, and December 1, 2023.						
Members age 6 through 17 years of age who:						
(a) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.	0%	82%	0%	0%	0%	100%
(b) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.	0%	69%	0%	0%	0%	100%
Members age 18 through 64 years of age who:						
(c) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.	100%	84%	0%	75%	0%	50%
(d) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.	100%	60%	0%	75%	0%	0%

Antidepressant Medication Management	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
The percentage of members 18 and older as of Apr. 30, 2023, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, who were not taking a 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 nonacute 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).	0%	74%	100%	89%	92%	91%
(b) Who remained on antidepressant medication for at least 180 days (6 Months).	0%	59%	50%	80%	85%	76%

Mental Health Measures / Usage - Health Maintenance Organizations

Follow-up After Emergency Department Visit for Mental Illness	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
The percentage of emergency department (ED) visits between January 1 and December 1, 2022, where the members was 6 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of mental illness or intentional self-harm, with a follow-up visit for mental illness						
Members age 6 through 17 years of age who:						
(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	0%	88%	67%	100%	0%	0%
(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	0%	80%	67%	67%	0%	0%
Members age 18 through 64 years of age who:						
(c) 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	100%	72%	100%	100%	0%	60%
(d) 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	100%	54%	33%	75%	0%	40%

Follow-up After Emergency Department Visit for Substance Use	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
The percentage of emergency department (ED) visits between January 1 and December 1, 2022, where the members was 13 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose with a follow-up visit						
Members age 6 through 17 years of age who:						
(a) who had a follow-up visit or a pharmacotherapy dispensing event on or within 30 days after the ED visit	0%	0%	0%	0%	0%	0%
(b) who had a follow-up visit or a pharmacotherapy dispensing event on or within 7 days after the ED visit	0%	0%	0%	0%	0%	0%
Members age 18 through 64 years of age who:						
(c) who had a follow-up visit or a pharmacotherapy dispensing event on or within 30 days after the ED visit	0%	54%	33%	33%	0%	50%
(d) who had a follow-up visit or a pharmacotherapy dispensing event on or within 7 days after the ED visit	0%	46%	0%	33%	0%	40%

Mental Health Measures / Usage - Indemnity Managed Care Organizations

Diagnosed Mental Health Disorders	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
The percentage of members 1 year of age and older as of December 31, 2023, who were continuously enrolled in 2023, who were diagnosed with a mental health disorder during 2023.									
(a) members age 1 through 17 years of age, diagnosed with a mental health disorder	23%	22%	23%	27%	23%	0%	19%	21%	23%
(b) members age 18 through 64 years of age, diagnosed with a mental health disorder	28%	27%	28%	25%	29%	0%	20%	26%	28%

Diagnosed With Substance Use Disorders	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
The percentage of members 13 years of age and older as of December 31, 2023, who were continuously enrolled in 2023, who were diagnosed with a substance use disorder during 2023									
Members age 13 through 17 years of age who:									
(a) diagnosed with an alcohol disorder	0%	0%	0%	0%	0%	0%	0%	0%	0%
(b) diagnosed with an opioid disorder	0%	0%	0%	0%	0%	0%	0%	0%	0%
(c) diagnosed with a disorder for other or unspecified drugs	0%	1%	0%	0%	1%	0%	0%	0%	0%
(d) diagnosed with any substance use disorder	1%	1%	1%	0%	1%	0%	0%	1%	0%
Members age 18 through 64 years of age who:									
(a) diagnosed with an alcohol disorder	1%	1%	1%	1%	2%	0%	1%	1%	1%
(b) diagnosed with an opioid disorder	0%	0%	0%	0%	1%	0%	0%	0%	0%
(c) diagnosed with a disorder for other or unspecified drugs	1%	1%	1%	0%	1%	0%	0%	1%	1%
(d) diagnosed with any substance use disorder	2%	2%	2%	2%	2%	0%	1%	2%	2%

Mental Health Measures / Usage - Indemnity Managed Care Organizations

Follow-up After Hospitalization for Mental Health	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
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 diagnosis of mental illness or intentional self-harm diagnosis, with a discharge date on or between January 1, and December 1, 2023.									
Members age 6 through 17 years of age who:									
(a) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.	87%	73%	86%	55%	86%	0%	0%	100%	84%
(b) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.	68%	51%	67%	45%	71%	0%	0%	73%	63%
Members age 18 through 64 years of age who:									
(c) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.	82%	71%	81%	65%	76%	0%	100%	78%	83%
(d) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.	64%	50%	64%	49%	57%	0%	100%	59%	60%

Antidepressant Medication Management	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
The percentage of members 18 and older as of Apr. 30, 2023, 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 nonacute 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).	88%	78%	82%	77%	79%	0%	78%	87%	80%
(b) Who remained on antidepressant medication for at least 180 days (6 Months).	80%	68%	68%	63%	68%	0%	57%	75%	66%

Mental Health Measures / Usage - Indemnity Managed Care Organizations

Follow-up After Emergency Department Visit for Mental Illness	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
The percentage of emergency department (ED) visits between January 1 and December 1, 2022, where the members was 6 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of mental illness or intentional self-harm, with a follow-up visit for mental illness									
Members age 6 through 17 years of age who:									
(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	84%	81%	84%	100%	80%	0%	0%	94%	83%
(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	69%	67%	72%	100%	60%	0%	0%	89%	75%
Members age 18 through 64 years of age who:									
(c) 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	68%	69%	75%	33%	61%	0%	100%	70%	69%
(d) 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	50%	53%	57%	33%	56%	0%	100%	57%	58%

Follow-up After Emergency Department Visit for Substance Use	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
The percentage of emergency department (ED) visits between January 1 and December 1, 2022, where the members was 13 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose with a follow-up visit									
Members age 6 through 17 years of age who:									
(a) who had a follow-up visit or a pharmacotherapy dispensing event on or within 30 days after the ED visit	38%	54%	35%	67%	100%	0%	0%	25%	36%
(b) who had a follow-up visit or a pharmacotherapy dispensing event on or within 7 days after the ED visit	38%	29%	18%	67%	0%	0%	0%	0%	18%
Members age 18 through 64 years of age who:									
(c) who had a follow-up visit or a pharmacotherapy dispensing event on or within 30 days after the ED visit	34%	38%	31%	67%	39%	0%	0%	36%	37%
(d) who had a follow-up visit or a pharmacotherapy dispensing event on or within 7 days after the ED visit	23%	28%	19%	67%	22%	0%	0%	26%	26%

HMO - Claim Reporting - Expenses

Provide the claim expenses on a per member per month basis for the period of Jan. 1, through Dec. 31, 2023, for each of the following.	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
Mental Health						
(a) Inpatient	\$0.00	\$5.69	\$0.00	\$1.48	\$1.91	\$1.78
(b) Outpatient	\$23.00	\$15.03	\$0.00	\$9.40	\$15.84	\$23.66
Total in column	\$23.00	\$20.72	\$0.00	\$10.88	\$17.75	\$25.44
Substance Abuse or Dependency						
(a) Inpatient	\$0.00	\$2.62	\$0.00	\$0.08	\$0.00	\$0.57
(b) Outpatient	\$1.86	\$2.66	\$0.00	\$0.16	\$2.44	\$5.43
Total in column	\$1.86	\$5.28	\$0.00	\$0.24	\$2.44	\$6.00
Medical						
(a) Inpatient	\$235.20	\$78.01	\$0.00	\$118.67	\$99.47	\$120.01
(b) Outpatient	\$492.00	\$304.49	\$284.24	\$360.71	\$421.45	\$359.05
Total in column	\$727.20	\$382.50	\$284.24	\$479.38	\$520.92	\$479.06
Total All Claims (sum of above categories)						
(a) Inpatient	\$235.20	\$86.32	\$0.00	\$120.23	\$101.38	\$122.36
(b) Outpatient	\$516.86	\$322.18	\$284.24	\$370.27	\$439.73	\$388.14
Total in column	\$752.06	\$408.50	\$284.24	\$490.50	\$541.11	\$510.50

HMO - Claim Reporting - Claim Denial Data

	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
The total number of claims received for the period.	1,306	252,181	26	504,979	9,722	91,317
1) Provide the number of denials of the total in each of the following:						
(a) "not a covered benefit"	18	1,063	4	3,606	67	6,641
(b) "not medically necessary"	0	194	0	64	17	0
(c) "not an eligible enrollee/dependent"	241	6,088	1	18,141	0	244
(d) "incomplete submission"	125	13,035	2	4,205	64	849
(e) "duplicate submission"	7	7,966	0	14,166	551	2,128
(f) "all other miscellaneous"	123	29,320	0	129,275	1,478	8,526
2) Provide the denials as a percent of the total claims for the following:						
(a) "not a covered benefit"	1.38%	0.42%	15.38%	0.71%	0.69%	7.27%
(b) "not medically necessary"	0.00%	0.08%	0.00%	0.01%	0.17%	0.00%
(c) "not an eligible enrollee/dependent"	18.45%	2.41%	3.85%	3.59%	0.00%	0.27%
(d) "incomplete submission"	9.57%	5.17%	7.69%	0.83%	0.66%	0.93%
(e) "duplicate submission"	0.54%	3.16%	0.00%	2.81%	5.67%	2.33%
(f) "all other miscellaneous"	9.42%	11.63%	0.00%	25.60%	15.20%	9.34%

HMO Claim Reporting -Claim Denial Data (continued)

	Aetna Health	Anthem	Cigna	ConnectiCare	Harvard	Oxford
3) Provide the number of internal appeals of denials in each of the following:						
(a) "not a covered benefit"	0	109	0	6	6	0
(b) "not medically necessary"	0	0	0	0	6	0
(c) "not an eligible enrollee/dependent"	0	11	0	0	0	0
(d) "incomplete submission"	0	0	0	0	0	3
(e) "duplicate submission"	0	0	0	0	0	2
(f) "all other miscellaneous"	0	456	0	13	0	25
4) Provide the internal appeals as a percent of the total claims for the following:						
(a) "not a covered benefit"	0.00%	0.04%	0.00%	0.00%	0.06%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%
(c) "not an eligible enrollee/dependent"	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%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.18%	0.00%	0.00%	0.00%	0.03%
5) Provide the number of internal appeals reversed on appeal in each of the following:						
(a) "not a covered benefit"	0	36	0	3	1	0
(b) "not medically necessary"	0	0	0	0	4	0
(c) "not an eligible enrollee/dependent"	0	2	0	0	0	0
(d) "incomplete submission"	0	0	0	0	0	0
(e) "duplicate submission"	0	0	0	0	0	0
(f) "all other miscellaneous"	0	153	0	3	0	12
6) Provide the reversed appeals as a percent of the total claims for the following:						
(a) "not a covered benefit"	0.00%	0.01%	0.00%	0.00%	0.01%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.00%	0.00%	0.04%	0.00%
(c) "not an eligible enrollee/dependent"	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%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.06%	0.00%	0.00%	0.00%	0.01%

Indemnity - Claim Reporting - Expenses

Provide the claim expenses on a per member per month basis for the period of Jan. 1, through Dec. 31, 2023, for each of the following.	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
Mental Health									
(a) Inpatient	\$3.57	\$7.32	\$3.78	\$3.64	\$5.89	\$0.00	\$2.16	\$7.57	\$5.39
(b) Outpatient	\$14.68	\$19.91	\$23.76	\$8.03	\$12.77	\$0.57	\$13.51	\$30.82	\$28.45
Total in column	\$18.25	\$27.23	\$27.54	\$11.66	\$18.66	\$0.57	\$15.67	\$38.39	\$33.84
Substance Abuse or Dependency									
(a) Inpatient	\$1.66	\$3.79	\$3.19	\$0.14	\$0.26	\$0.00	\$7.48	\$5.20	\$2.68
(b) Outpatient	\$1.29	\$3.44	\$6.88	\$0.32	\$0.37	\$0.00	\$0.93	\$4.18	\$3.50
Total in column	\$2.95	\$7.23	\$10.07	\$0.46	\$0.64	\$0.00	\$8.41	\$9.38	\$6.18
Medical									
(a) Inpatient	\$82.47	\$111.43	\$101.75	\$133.07	\$169.46	\$26.32	\$92.45	\$119.41	\$132.56
(b) Outpatient	\$237.35	\$385.70	\$473.08	\$352.51	\$452.16	\$388.38	\$353.50	\$425.48	\$436.50
Total in column	\$319.82	\$497.13	\$574.83	\$485.58	\$621.62	\$414.70	\$445.95	\$544.89	\$569.06
Total All Claims (sum of above categories)									
(a) Inpatient	\$87.70	\$122.54	\$108.72	\$136.85	\$175.61	\$26.32	\$102.09	\$132.18	\$140.63
(b) Outpatient	\$253.32	\$409.05	\$503.72	\$360.86	\$465.31	\$388.95	\$367.94	\$460.48	\$468.45
Total in column	\$341.02	\$531.59	\$612.44	\$497.71	\$640.92	\$415.27	\$470.03	\$592.66	\$609.08

Indemnity - Claim Reporting – Claim Denial Data

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
The total number of claims received for the period.	643,859	1,442,059	836,364	2,673,200	2,033,361	272	23,605	1,065,374	2,297,679
1) Provide the number of denials of the total in each of the following:									
(a) "not a covered benefit"	73,763	1,454	31,299	13,496	13,637	31	145	45,452	124,827
(b) "not medically necessary"	6	1,768	7,664	314	300	1	80	0	11,558
(c) "not an eligible enrollee/dependent"	16,247	28,524	2,970	101,022	55,228	0	3	3,746	25,662
(d) "incomplete submission"	17,394	8,893	101,838	21,528	18,163	29	205	2,043	25,964
(e) "duplicate submission"	6,391	28,759	1,981	59,316	52,679	0	1,659	26,877	24,260
(f) "all other miscellaneous"	67,841	66,245	11,541	674,309	530,649	1	3,406	120,937	76,246
2) Provide the denials as a percent of the total claims for the following:									
(a) "not a covered benefit"	11.46%	0.10%	3.74%	0.50%	0.67%	11.40%	0.61%	4.27%	5.43%
(b) "not medically necessary"	0.00%	0.12%	0.92%	0.01%	0.01%	0.37%	0.34%	0.00%	0.50%
(c) "not an eligible enrollee/dependent"	2.52%	1.98%	0.36%	3.78%	2.72%	0.00%	0.01%	0.35%	1.12%
(d) "incomplete submission"	2.70%	0.62%	12.18%	0.81%	0.89%	10.66%	0.87%	0.19%	1.13%
(e) "duplicate submission"	0.99%	1.99%	0.24%	2.22%	2.59%	0.00%	7.03%	2.52%	1.06%
(f) "all other miscellaneous"	10.54%	4.59%	1.38%	25.22%	26.10%	0.37%	14.43%	11.35%	3.32%

Indemnity - Claim Reporting –Claim Denial Data (continued)

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	HPHC	Oxford Health	United
3) Provide the number of internal appeals of denials in each of the following:									
(a) "not a covered benefit"	32	137	0	33	42	0	13	4	26
(b) "not medically necessary"	6	0	1,180	5	1	0	7	0	247
(c) "not an eligible enrollee/dependent"	0	7	0	1	0	0	0	0	2
(d) "incomplete submission"	0	0	0	16	10	0	0	17	91
(e) "duplicate submission"	0	0	0	0	0	0	0	20	34
(f) "all other miscellaneous"	64	551	64	246	154	0	0	294	344
4) Provide the internal appeals as a percent of the total claims for the following:									
(a) "not a covered benefit"	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.06%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.14%	0.00%	0.00%	0.00%	0.03%	0.00%	0.01%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.01%	0.04%	0.01%	0.01%	0.01%	0.00%	0.00%	0.03%	0.01%
5) Provide the number of internal appeals reversed on appeal in each of the following:									
(a) "not a covered benefit"	2	14	0	13	26	0	6	3	7
(b) "not medically necessary"	0	0	495	5	1	0	3	0	86
(c) "not an eligible enrollee/dependent"	0	1	0	0	0	0	0	0	0
(d) "incomplete submission"	0	0	0	10	2	0	0	0	0
(e) "duplicate submission"	0	0	0	0	0	0	0	0	0
(f) "all other miscellaneous"	8	124	59	151	75	0	0	246	178
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%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.01%	0.01%	0.01%	0.00%	0.00%	0.00%	0.02%	0.01%

Federal Medical Loss Ratio by Carrier

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

HMO	Individual Market - 80%	Small Group Market - 80%	Large Group Market - 85%
	Individual	Small Group	Large Group
Aetna Health	NR	NR	NR
Anthem	83.80%	78.50%	92.60%
Cigna Healthcare	NR	N/A	78.30%
ConnectiCare	84.70%	NR	89.60%
Harvard	NA	99.00%	92.40%
Oxford	NA	98.70%	90.40%

Indemnity	Individual	Small Group	Large Group
	Aetna Life	NR	NR
Anthem	83.80%	78.50%	92.60%
Cigna H & L	2.10%	95.20%	91.40%
ConnectiCare Benefits	87.90%	96.50%	NA
ConnectiCare	91.70%	91.60%	NA
CT General	48.70%	N/A	-1.90%
HPHC	NA	87.90%	98.90%
Oxford Health	NA	86.70%	88.70%
United	NA	80.20%	90.40%

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.

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