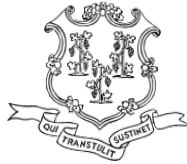




Consumer Report Card
On Health Insurance Carriers
In Connecticut
October 2019



Dear Health Insurance Customer:

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

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

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

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

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

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

Sincerely,

Andrew N. Mais
Commissioner

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Frequently Asked Questions

The information in this Report Card is based on data provided by the MCOs as of yearend 2018. This Report Card does not contain information on specific plans offered by the MCOs. Each MCO offers several different plans, and often tailors them to a specific policyholder's needs. You will need to get additional information from the MCO or your employer to make your choice. In addition to this Report Card, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

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

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

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

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

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

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

Q. Does this Report Card evaluate all benefit options?

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

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

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

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

A. No.

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

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

Q. How are health insurance premiums set?

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

Terms Consumers Should Know

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Managed care plan - A plan offered by a managed care organization that has a network of providers and performs utilization review. Managed care organization (MCO) - An organization, whether HMO or indemnity insurer, that offers managed care plans.

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

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

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

Terms Consumers Should Know (continued)

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

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

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

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

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

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

Provider - A physician, hospital, nursing home, pharmacy, lab, or other individual or group that provides health care services. **Reasonable and customary fee** - The commonly charged or prevailing fee for a given health service in a specific geographic area. **Referral** - The request by a primary care physician to an MCO for an enrollee to receive care from a specialist.

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

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

The National Committee for Quality Assurance is a not-for-profit organization that reviews quality and performance measures of HMOs and health plans, providing an independent standard of accountability.

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

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

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

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

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

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

Managed Care Plan Comparison Worksheet

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

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

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

Managed Care Organizations Included in this Report

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

HMO

Abbreviated Name	Company Name	Website	Phone	Markets to Individual	NCQA Accreditation
Aetna Health	Aetna Health Inc.	www.aetna	800-962-6842	No	Commendable
Anthem	Anthem Health Plans, Inc.	www.anthem.com	multiple numbers	Yes	Excellent
ConnectiCare	ConnectiCare, Inc.	www.connecticare.com	Toll-Free: 800-251-7722 or local 800-674-5757	Yes	Commendable
Harvard	Harvard Pilgrim Health Care of Connecticut, Inc.	www.harvardpilgrim.org	(888) 333-4742 (HPHC)	No	Not Applicable
Oxford	Oxford Health Plans (CT), Inc.	www.oxhp.com	800-666-1353	No	Commendable

Indemnity

Abbreviated Name	Company Name	Website	Phone	Markets to Individual	NCQA Accreditation
Aetna Life	Aetna Life Insurance Company	www.aetna.com	800-962-6842	No	Commendable
Anthem	Anthem Health Plans, Inc.	www.anthem.com	multiple numbers	Yes	Commendable
Cigna H & L	Cigna Health & Life Insurance Company	www.cigna.com	1-800-244-6224	No	Not Applicable
ConnectiCare Benefits	ConnectiCare Benefits, Inc.	www.connecticare.com	Toll-Free: 800-251-7722 or local 800-674-5757	Yes	Commendable
ConnectiCare	ConnectiCare Insurance Company, Inc.	www.connecticare.com	Toll Free: 800.251.7722 or Local: 860.674.5757	Yes	Commendable
HPHC	HPHC Insurance Company, Inc.	www.harvardpilgrim.org	(888) 333-4742 (HPHC)	No	Accredited
Oxford Health	Oxford Health Insurance, Inc.	www.oxhp.com	800-666-1353	No	Commendable
United	UnitedHealthcare Insurance Company	www.uhc.com	800-666-1353	No	Commendable

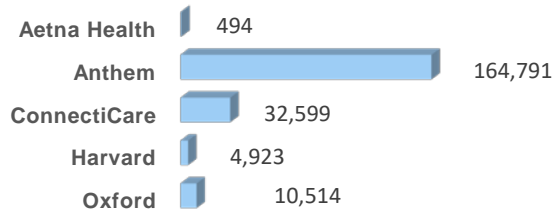
Managed Care Organizations - 2018 Enrollment

	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	36	240	0	0	218	0	36	458
Anthem	14,992	1,850	5,285	0	0	142,664	14,992	1,850	147,949
ConnectiCare	457	25	26,991	0	0	5,126	457	25	32,117
Harvard	0	4,646	277	0	0	0	0	4,646	277
Oxford	0	4,692	5,822	0	0	0	0	4,692	5,822
Totals	15,449	11,249	38,615	0	0	148,008	15,449	11,249	186,623

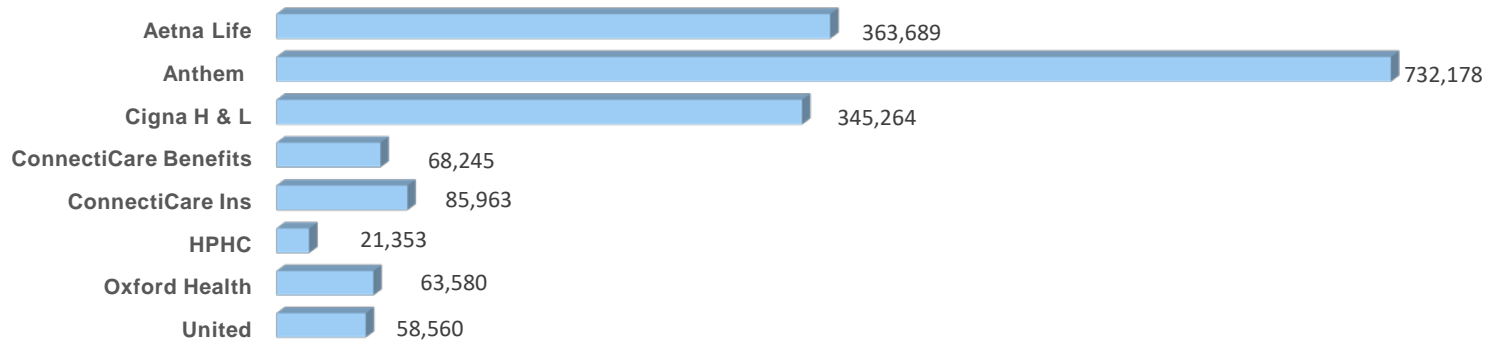
	Fully Insured			Other Enrollment			Total Enrollment		
	Individual plans	Small Group Plans	Large Group Plans	Individual plans	Small Group Plans	Large Group Plans	Individual plans	Small Group Plans	Large Group Plans
Indemnity									
Aetna Life	585	60,120	65,050	0	0	237,934	585	60,120	302,984
Anthem	20,638	45,183	28,255	0	0	638,102	20,638	45,183	666,357
Cigna H & L	0	0	35,892	0	2,858	306,514	0	2,858	342,406
ConnectiCare Benefits	68,056	189	0	0	0	0	68,056	189	0
ConnectiCare	11,845	29,855	44,263	0	0	0	11,845	29,855	44,263
HPHC	0	9,205	10,691	0	0	1,457	0	9,205	12,148
Oxford Health	0	47,003	16,577	0	0	0	0	47,003	16,577
United	0	1,317	57,243	0	0	0	0	1,317	57,243
Totals	101,124	192,872	257,971	0	2,858	1,184,007	101,124	195,730	1,441,978

Managed Care Organizations - 2018 Enrollment

HMO

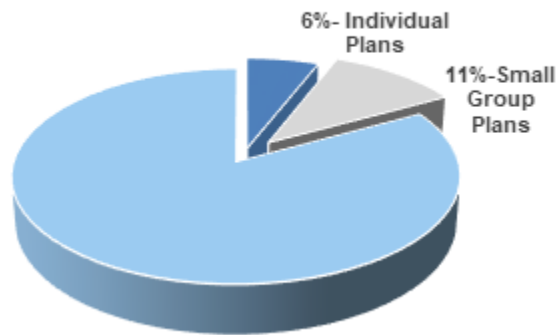


Indemnity



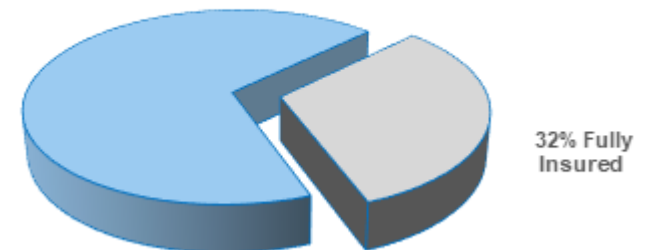
Total Enrollment
\$1,952,153

Plan Type



83%- Large Group Plans

Enrollment
Fully Insured vs. Other Enrollment



67% Other Enrollment

32% Fully Insured

Member Satisfaction

HMO	0 - 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna	0.0%	12.4%	87.6%
Anthem	1.3%	15.9%	82.8%
ConnectiCare	2.5%	30.0%	67.5%
Harvard	0.0%	41.1%	58.9%
Oxford	4.0%	19.0%	77.0%
Indemnity			
Indemnity	0 - 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna Life	5.0%	36.8%	58.2%
Anthem	2.5%	28.0%	69.5%
Cigna H & L	4.1%	32.1%	63.8%
ConnectiCare Benefits	19.3%	39.9%	40.8%
ConnectiCare	17.2%	28.2%	54.6%
HPHC	9.3%	43.9%	46.8%
Oxford Health	7.3%	26.0%	66.7%
United	5.0%	37.0%	58.0%

Member Satisfaction Survey - HMO

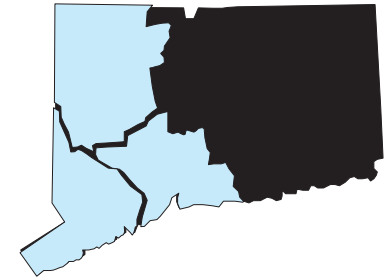
		Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.		20%	7%	1%	10%	2%
Percentage of those surveyed who responded		16%	16%	12%	14%	14%
Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	0.0%	3.6%	0.0%	5.3%	1.0%
	Sometimes	16.7%	10.1%	23.1%	7.9%	12.0%
	Usually	16.7%	33.3%	15.4%	26.3%	34.0%
	Always	66.6%	53.0%	61.5%	60.5%	53.0%
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%	1.5%	0.0%	0.0%	1.0%
	Sometimes	13.3%	7.4%	21.2%	21.1%	12.0%
	Usually	26.7%	28.2%	30.3%	21.1%	22.0%
	Always	60.0%	62.9%	48.5%	57.8%	65.0%
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%	0.0%	0.0%	0.0%	1.0%
	Sometimes	0.0%	6.0%	23.1%	11.8%	12.0%
	Usually	0.0%	18.0%	15.4%	32.4%	22.0%
	Always	100.0%	76.0%	61.5%	55.8%	65.0%
Q4) In the last 12 months, how often was it easy to get care, tests or treatment, you needed?	Never	0.0%	0.9%	0.0%	0.0%	0.0%
	Sometimes	0.0%	3.7%	8.3%	16.9%	12.0%
	Usually	37.5%	32.4%	33.4%	33.9%	28.0%
	Always	62.5%	63.0%	58.3%	49.2%	60.0%
Q5) In the last 12 months, how often did the written materials or Internet provide the information you needed about how your health plan works?	Never	0.0%	1.5%	7.6%	0.0%	4.0%
	Sometimes	40.0%	40.0%	0.0%	22.2%	31.0%
	Usually	60.0%	38.5%	46.2%	48.1%	45.0%
	Always	0.0%	20.0%	46.2%	29.7%	20.0%
Q6) 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%	1.5%	8.3%	0.0%	3.0%
	Sometimes	0.0%	18.8%	8.3%	22.7%	9.0%
	Usually	33.3%	36.2%	41.7%	40.9%	29.0%
	Always	66.7%	43.5%	41.7%	36.4%	59.0%

Member Satisfaction Survey – Indemnity

		Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.		16%	1%	5%	2%	1%	8%	2%	2%
Percentage of those surveyed who responded		17%	15%	16%	16%	13%	14%	14%	15%
Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	2.6%	2.2%	4.5%	*	1.2%	1.9%	1.5%	0.0%
	Sometimes	12.8%	9.7%	13.4%	25.0%	12.5%	11.5%	9.6%	12.8%
	Usually	30.9%	35.5%	26.7%	23.7%	27.5%	33.3%	35.3%	33.3%
	Always	53.7%	52.6%	55.4%	51.3%	58.8%	53.3%	53.7%	53.9%
Q2) In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Never	1.6%	3.1%	1.9%	*	2.0%	3.6%	1.7%	3.0%
	Sometimes	17.0%	12.5%	15.4%	21.7%	13.0%	17.3%	14.4%	15.0%
	Usually	25.8%	25.0%	32.2%	51.2%	29.0%	28.6%	23.6%	32.0%
	Always	55.6%	59.4%	50.5%	27.1%	56.0%	50.5%	60.3%	50.0%
Q3) In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Never	1.2%	3.1%	1.0%	*	0.0%	2.3%	2.3%	0.0%
	Sometimes	15.0%	12.5%	12.4%	16.5%	17.1%	11.5%	8.1%	10.0%
	Usually	14.0%	25.0%	18.6%	21.1%	24.4%	24.1%	36.6%	33.0%
	Always	69.8%	59.4%	68.0%	62.4%	58.5%	62.1%	52.9%	57.0%
Q4) In the last 12 months, how often was it easy to get care, tests or treatment, you needed?	Never	0.0%	0.0%	0.9%	*	1.0%	2.0%	2.3%	1.0%
	Sometimes	9.2%	8.6%	7.8%	15.2%	9.5%	11.6%	8.1%	12.0%
	Usually	32.1%	35.9%	37.2%	36.1%	34.3%	32.7%	36.6%	40.0%
	Always	58.7%	55.5%	54.1%	48.7%	55.2%	53.7%	52.9%	47.0%
Q5) In the last 12 months, how often did the written materials or Internet provide the information you needed about how your health plan works?	Never	5.4%	7.4%	1.1%	13.1%	12.2%	5.3%	7.4%	3.3%
	Sometimes	34.4%	33.3%	30.4%	39.9%	34.1%	28.7%	33.8%	26.1%
	Usually	41.9%	42.6%	47.8%	26.2%	41.5%	47.9%	33.8%	46.7%
	Always	18.3%	16.7%	20.7%	20.8%	12.2%	18.1%	25.0%	23.9%
Q6) In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	4.6%	0.0%	0.0%	8.8%	15.1%	5.0%	1.3%	3.2%
	Sometimes	18.8%	17.1%	12.2%	28.1%	27.3%	10.0%	16.5%	19.1%
	Usually	32.8%	29.3%	40.5%	24.0%	21.2%	35.0%	25.3%	38.1%
	Always	43.8%	53.6%	47.3%	39.2%	36.4%	50.0%	57.0%	39.7%

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	1,219	2,637	6	163	1,298	3,032	5	185	177	525	3	39
Anthem	1,187	1,938	6	165	1,367	2,555	5	189	158	179	1	40
ConnectiCare	1,137	2,830	6	164	1,256	3,400	6	188	186	605	2	29
Harvard	743	3,177	6	180	768	5,037	6	181	140	808	2	39
Oxford	1,021	2,463	6	164	1,076	2,993	7	186	154	418	2	40

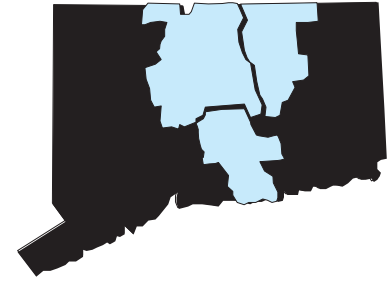
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each HMO provider network in 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 a 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	1,142	2,508	7	171	161	387	2	22	200	450	1	36
Anthem	1,290	2,317	7	182	108	53	2	23	200	196	1	39
ConnectiCare	1,290	3,437	7	181	137	246	2	22	232	364	1	38
Harvard	1,003	4,967	7	175	142	525	2	22	145	902	1	444
Oxford	1,017	2,546	7	178	136	321	2	23	213	423	1	38

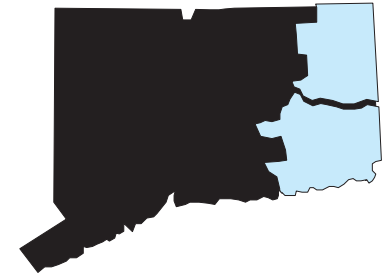
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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 a 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	267	782	2	45	124	302	2	22	4,588	10,623	28	683
Anthem	312	404	2	52	130	118	2	23	4,752	7,760	26	713
ConnectiCare	262	749	2	50	141	265	2	22	4,641	11,896	28	694
Harvard	198	910	2	48	124	352	2	22	3,263	16,678	28	1,111
Oxford	234	669	1	48	114	284	2	23	3,965	10,117	28	700

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 a 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	1,219	2,637	6	163	1,298	3,032	5	185	177	525	3	39
Anthem	1,202	1,970	6	165	1,369	2,591	5	189	159	184	1	40
Cigna H & L	1,159	3,091	6	168	1,265	3,541	6	184	192	443	2	39
ConnectiCare Benefits	1,035	2,715	6	164	1,184	3,340	6	188	182	594	2	29
ConnectiCare	1,137	2,830	6	164	1,256	3,400	6	188	186	605	2	29
HPHC	743	3,177	6	180	768	5,037	6	181	140	808	2	39
Oxford Health	1,021	2,463	6	164	1,076	2,993	7	186	154	418	2	40
United	1,021	2,463	6	164	1,076	2,993	7	186	154	418	2	40

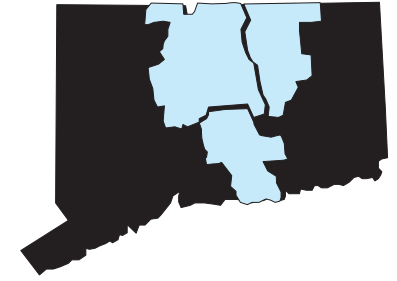
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

Listed above are the total number of primary care physicians, physician specialists, hospitals and pharmacies for each MCO provider network in 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	1,142	2,508	7	171	161	387	2	22	200	450	1	36
Anthem	1,288	2,347	7	182	109	54	2	23	200	201	1	39
Cigna H & L	1,157	3,419	7	180	131	407	2	22	210	508	1	38
ConnectiCare Benefits	1,179	3,309	7	181	134	245	2	22	225	347	1	38
ConnectiCare	1,290	3,437	7	181	137	246	2	22	232	364	1	38
HPHC	1,003	4,967	7	175	142	525	2	22	145	902	1	444
Oxford Health	1,017	2,546	7	178	136	321	2	23	213	423	1	38
United	1,017	2,546	7	178	136	321	2	23	213	423	1	38

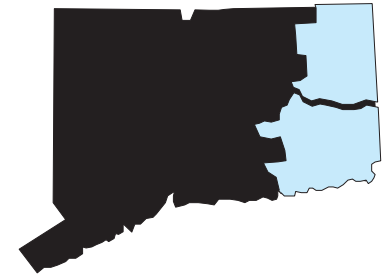
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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	267	782	2	45	124	302	2	22	4,588	10,623	28	683
Anthem	313	413	2	51	131	125	2	23	4,771	7,885	26	712
Cigna H & L	252	817	2	53	132	311	2	23	4,498	12,537	28	707
ConnectiCare Benefits	252	719	2	50	138	259	2	22	4,329	11,528	28	694
ConnectiCare	262	749	2	50	141	265	2	22	4,641	11,896	28	694
HPHC	198	910	2	48	124	352	2	22	3,263	16,678	28	1,111
Oxford Health	234	669	1	48	114	284	2	23	3,965	10,117	28	700
United	234	669	1	48	114	284	2	23	3,965	10,117	28	700

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.

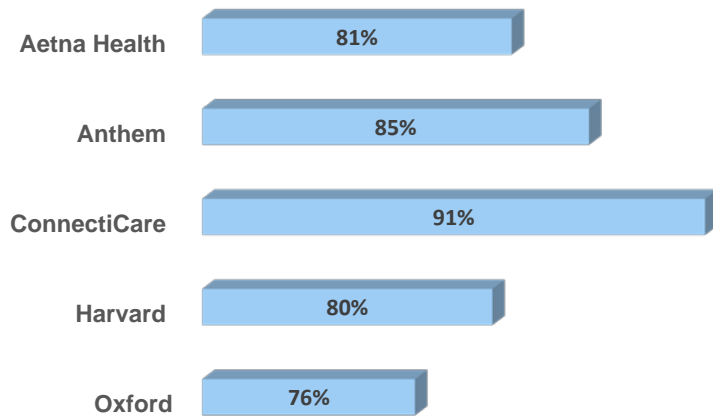
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more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

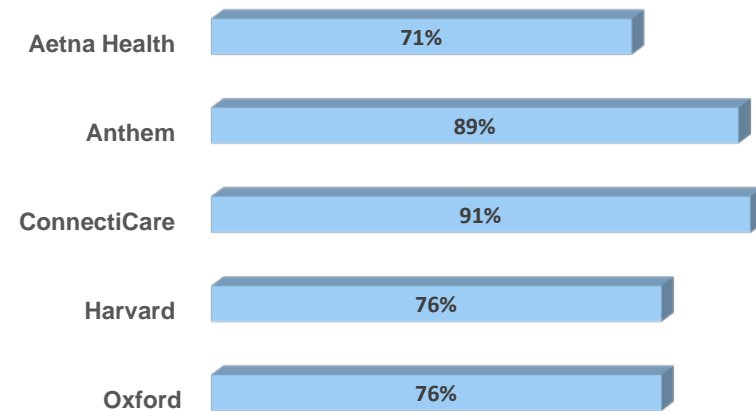
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the HMO's provider network who were board certified as of December 31, 2018.



Percentage of Physicians Specialist Who Are Board Certified

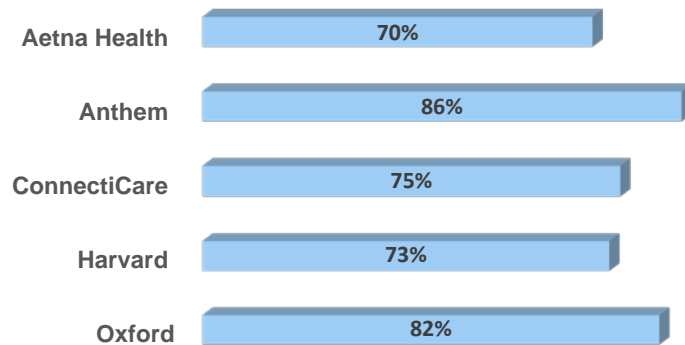
The percentage of physician specialists in the HMO's provider network who were board certified as of December 31, 2018.



Medical Measures / Usage - Health Maintenance Organizations

Breast Cancer Screening

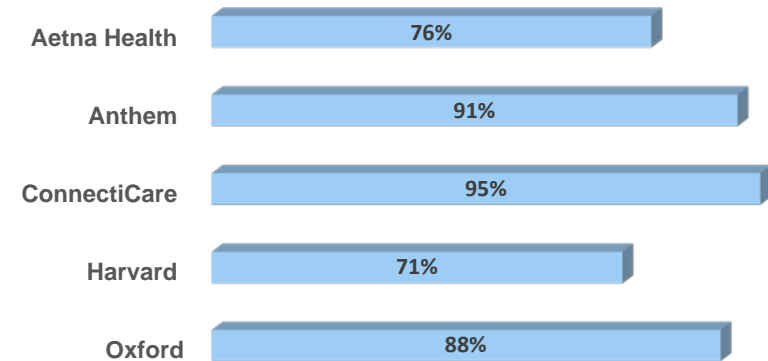
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2018; and (b) were continuously enrolled from October 1, 2016 through December 31, 2018; and (c) had 1 or more mammogram between October 1, 2016 and December 31, 2018.



Cervical Cancer Screening

The percentage of enrolled women who were age 24 through 64 years as of December 31, 2018; and were continuously enrolled during 2016, 2017, 2018; and who were either;

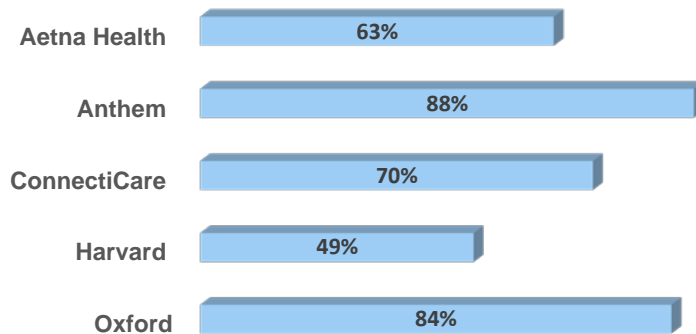
- a woman age 21-64, who had cervical cytology performed during 2016, 2017 or 2018; or
- from the women who did not meet (a), that are woman age 30-64 as of December 31, 2018, who had cervical cytology and human papillomavirus (HPV) with service dates four or less days apart during 2018, or 4 years prior to 2018; and were 30 years or older on the date of both tests.



Medical Measures / Usage - Health Maintenance Organizations

Colorectal Cancer Screening

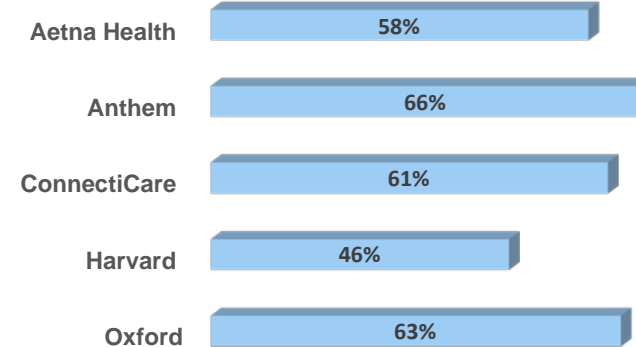
The percentage of members 51-75 years as of December 31, 2018, who were continuously enrolled during 2016 and 2017, who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: (a) Fecal occult blood test (FOBT) during 2017, (b) flexible sigmoidoscopy during 2018 or 4 years prior to 2018, (c) colonoscopy during 2018 or the 9 years prior to 2018, (d) CT colonography during 2018 or the 4 years prior to 2018, (e) FIT-DNA test during 2018 or the 2 years prior to 2018.



Controlling High Blood Pressure

The percentage of members 18-85 years as of December 31, 2018, who were continuously enrolled during 2018, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled during 2018, based on any of the following criteria:

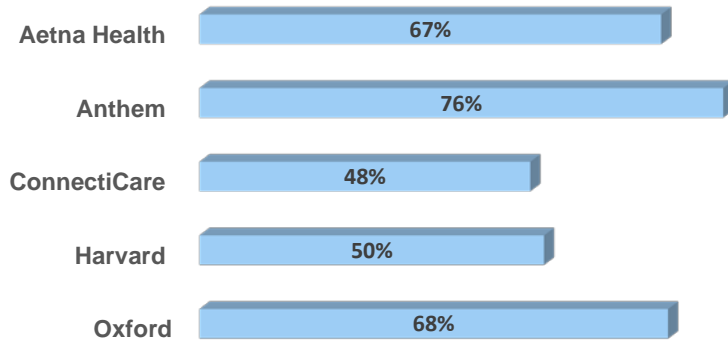
- members 18-59 years of age whose BP was <140/90 mm Hg
- members 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg
- members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg



Medical Measures / Usage - Health Maintenance Organizations

Childhood Immunizations

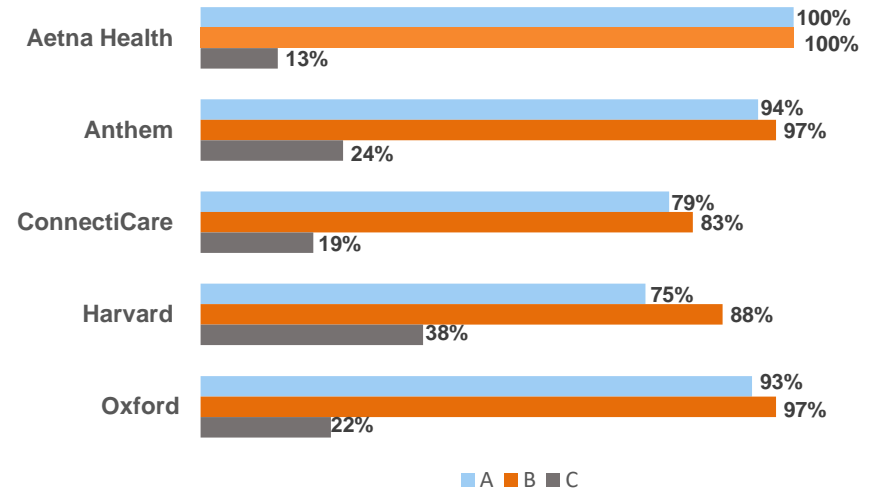
The percentage of enrolled children who: (a) turned two years old during 2018; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza 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 2018, who were continuously enrolled 12 months prior to their 13th birthday who:

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

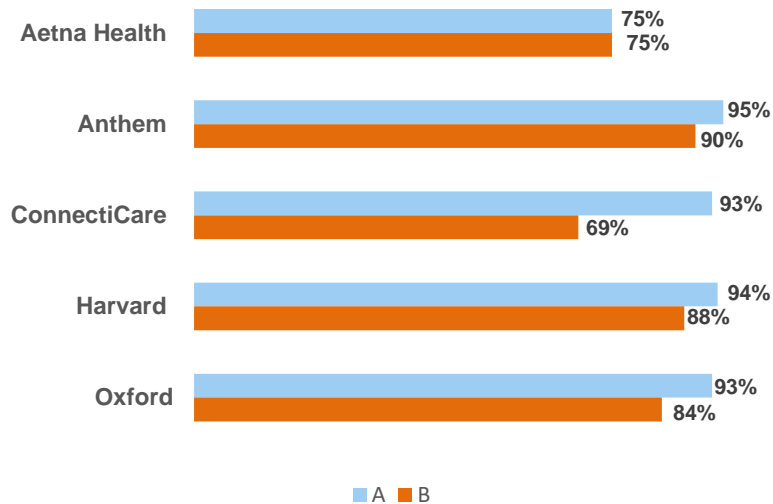


Medial Measures / Usage - Health Maintenance Organizations

Prenatal Care in the First Trimester & Postpartum Care Following Delivery

The percentage of enrolled women who: delivered a live birth on or between November 6, 2017 and November 5, 2018; and were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and

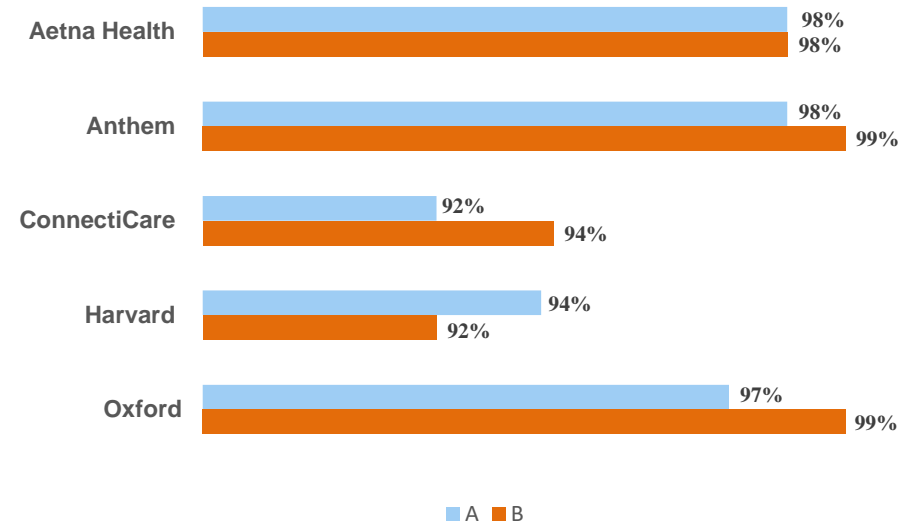
- (A) had at least one pre-natal care visit in the first trimester or on the enrollment start date, or within 42 days of enrollment in the Managed Care Organization.
- (B) had a postpartum visit on or between 21 and 56 days after delivery



Adult Access to Preventive and Ambulatory Health Services

The percentage of enrollees who were continuously enrolled in the plan during 2016, 2017 and 2018; and had at least one ambulatory or preventive care visit in 2016, 2017 or 2018; that

- (A) were age 20-44 as of December 31, 2018
- (B) were age 45-64 as of December 31, 2018

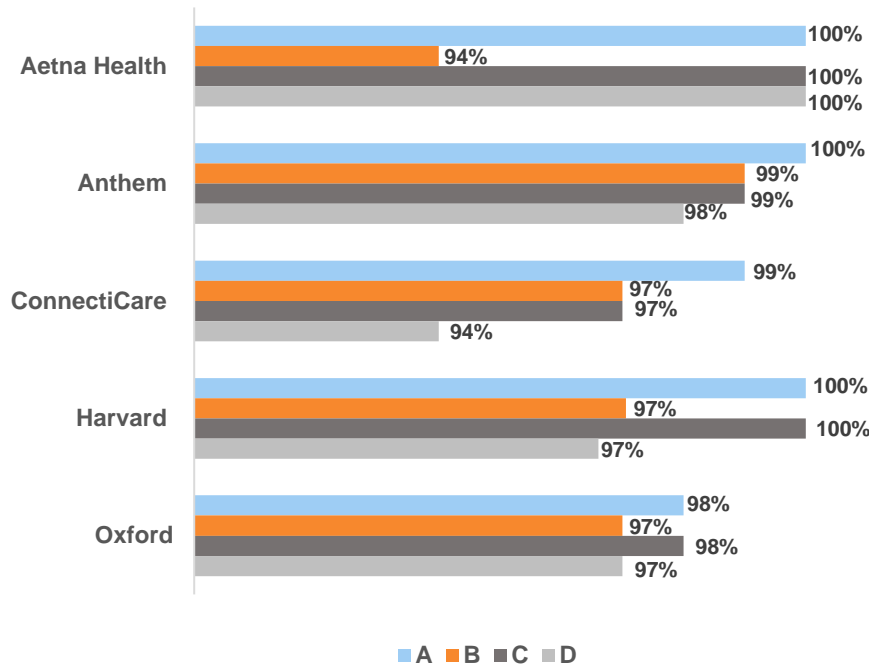


Medical Measures / Usage - Health Maintenance Organizations

Child & Adolescents Access to Primary Care Physicians (PCP)

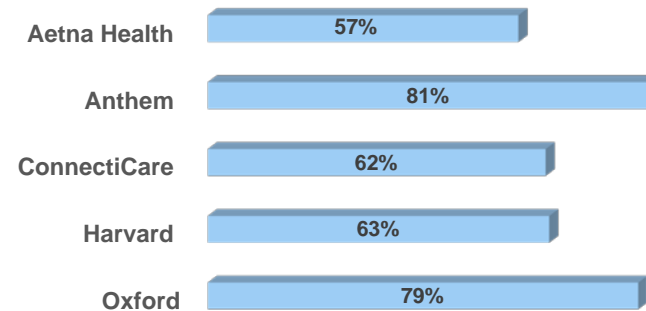
The percentage of members 12 months-19 years of age who:

- (A) children 12-24 months of age as of December 31, 2018 and were continuously enrolled in the plan during 2018; and had a visit with a PCP during 2018
- (B) children 25 months-6 years of age as of December 31, 2018 and were continuously enrolled in the plan during 2018; and had a visit with a PCP during 2018
- (C) children 7-11 years of age as of December 31, 2018 and were continuously enrolled in the plan during 2017 and 2018; and had a visit with a PCP during 2017 or 2018
- (D) children 12-19 years of age as of December 31, 2018 and were continuously enrolled in the plan during 2017 and 2018; and had a visit with a PCP during 2017 or 2018



Eye Exams for People with Diabetes

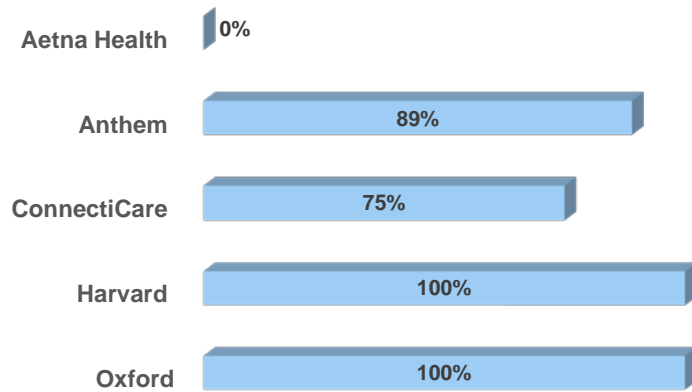
The percentage of all members with diabetes (type II and I) who were enrolled on December 31, 2018; and (b) were 18 through 75 years of age during 2018; and (c) were continuously enrolled during 2018; (d) who had either a retinal or dilated eye examination in 2018, or had a negative retinal or dilated eye examination in 2017, or a bilateral eye enucleation anytime during the members history through December 31, 2018.



Medical Measures / Usage – Health Maintenance Organizations

Beta Blocker Treatments After a Heart Attack

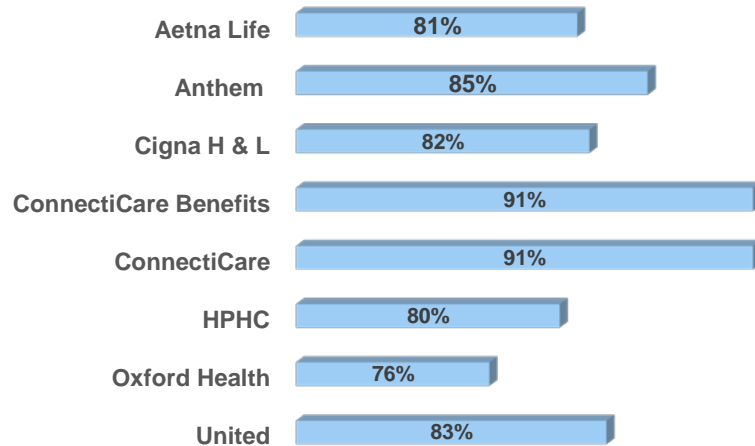
The percentage of all members who: (a) were age 18 years and older as of December 31, 2018 and (b) were hospitalized and discharged between July 1, 2017 and June 30, 2018; and (c) were continuously enrolled from the discharge date through 179 days after the discharge; and (d) had a diagnosis of Acute Myocardial Infarction (AMI); and (e) received persistent beta-blocker treatment for 6 months after discharge.



Medical Measures / Usage - Indemnity Managed Care Organizations

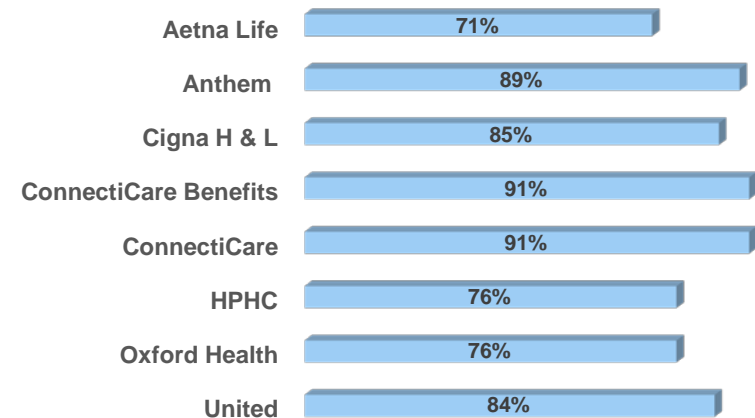
Percentage of Primary Care Physicians Who Are Board Certified

The percentage of primary care physicians in the Managed Care Organization provider network who were board certified as of December 31, 2018.



Percentage of Physicians Specialist Who Are Board Certified

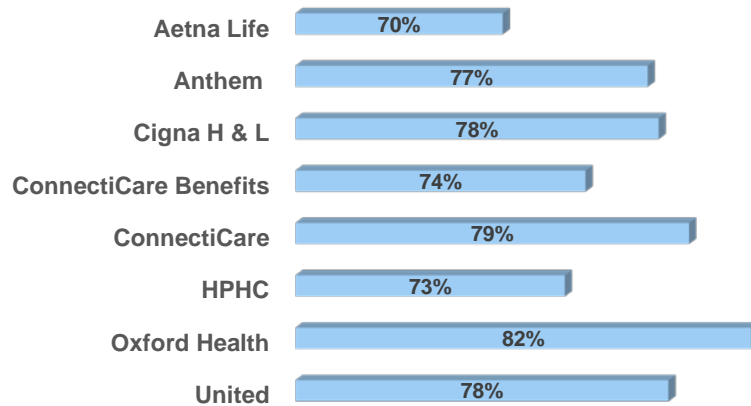
The percentage of physician specialists in the Managed Care Organization provider network who were board certified as of December 31, 2018.



Medical Measures / Usage - Indemnity Managed Care Organizations

Breast Cancer Screening

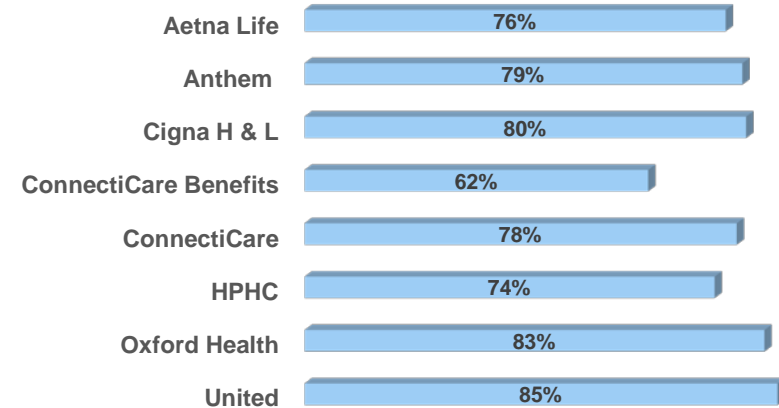
The percentage of enrolled women who: (a) were age 52 through 74 years as of December 31, 2018; and (b) were continuously enrolled from October 1, 2016 through December 31, 2018; and (c) had 1 or more mammogram between October 1, 2016 and December 31, 2018



Cervical Cancer Screening

The percentage of enrolled women who were age 24 through 64 years as of December 31, 2018; and were continuously enrolled during 2016, 2017, 2018; and who were either;

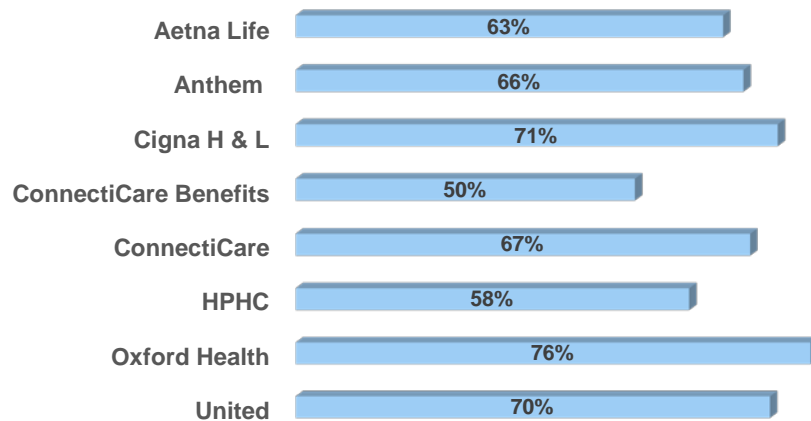
- a woman age 21-64, who had cervical cytology performed during 2016, 2017 or 2018; or
- from the women who did not meet (a), that are woman age 30-64 as of December 31, 2018, who had cervical cytology and human papillomavirus (HPV) with service dates four or less days apart during 2018, or 4 years prior to 2018; and were 30 years or older on the date of both tests.



Medical Measures / Usage - Indemnity Managed Care Organizations

Colorectal Cancer Screening

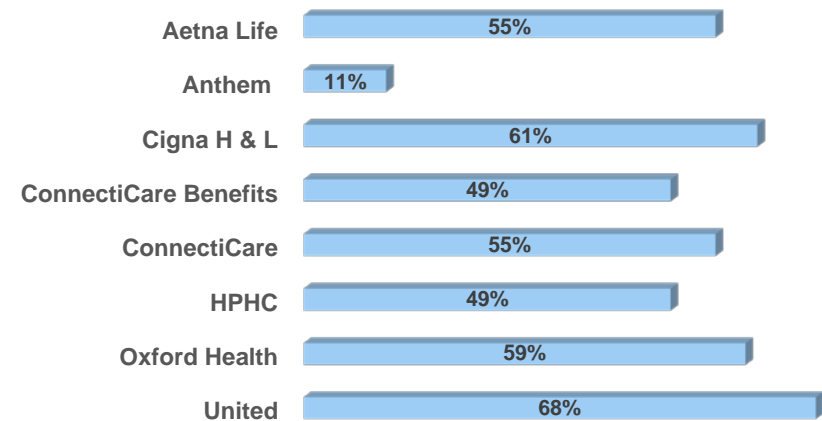
The percentage of members 51-75 years as of December 31, 2018, who were continuously enrolled during 2016 and 2017, who had one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: (a) Fecal occult blood test (FOBT) during 2017, (b) flexible sigmoidoscopy during 2018 or 4 years prior to 2018, (c) colonoscopy during 2018 or the 9 years prior to 2018, (d) CT colonography during 2018 or the 4 years prior to 2018, (e) FIT- DNA test during 2018 or the 2 years prior to 2018.



Controlling High Blood Pressure

The percentage of members 18-85 years as of December 31, 2018, who were continuously enrolled during 2018, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled during 2018, based on any of the following criteria:

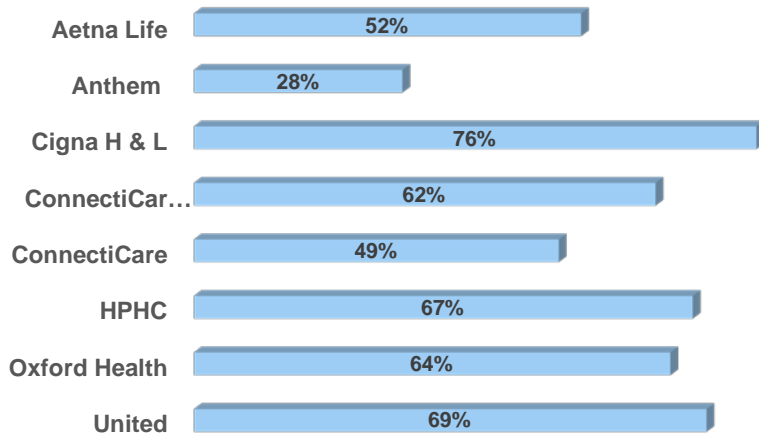
- members 18-59 years of age whose BP was <140/90 mm Hg
- members 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg
- members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg



Medical Measures / Usage - Indemnity Managed Care Organizations

Childhood Immunizations

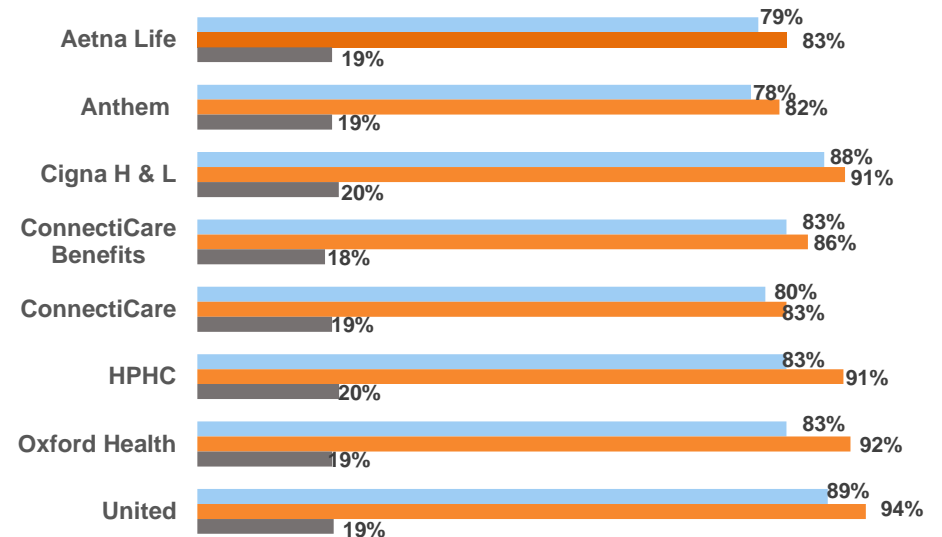
The percentage of enrolled children who: (a) turned two years old during 2018; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza 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 2018, who were continuously enrolled 12 months prior to their 13th birthday who:

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



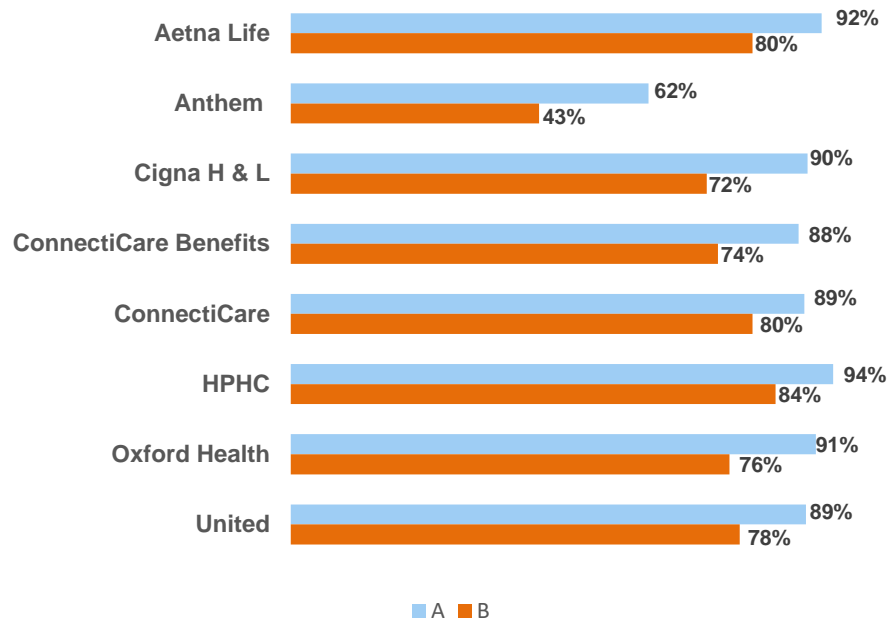
■ A ■ B ■ C

Medical Measures / Usage - Indemnity Managed Care Organizations

Prenatal Care in the First Trimester & Postpartum Care Following Delivery

The percentage of enrolled women who: delivered a live birth on or between November 6, 2017 and November 5, 2018; and were continuously enrolled for 43 days prior to delivery through 56 days after delivery; and

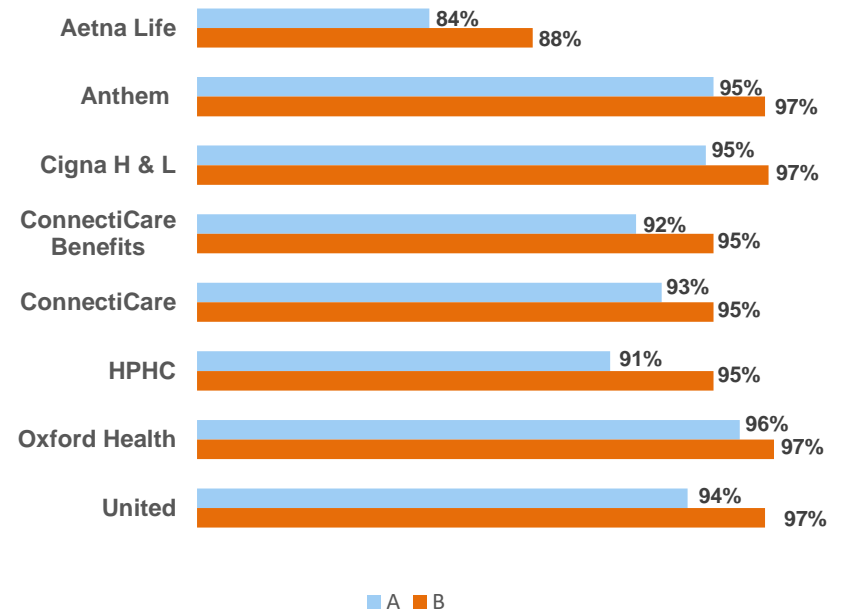
- (A) had at least one pre-natal care visit in the first trimester or on the enrollment start date, or within 42 days of enrollment in the Managed Care Organization.
- (B) had a postpartum visit on or between 21 and 56 days after delivery.



Adult Access to Preventive & Ambulatory Health Services

The percentage of enrollees who were continuously enrolled in the plan during 2016, 2017 and 2018; and had at least one ambulatory or preventive care visit in 2016, 2017 or 2018; that

- (A) were age 20 - 44 as of December 31, 2018
- (B) were age 45 - 64 as of December 31, 2018

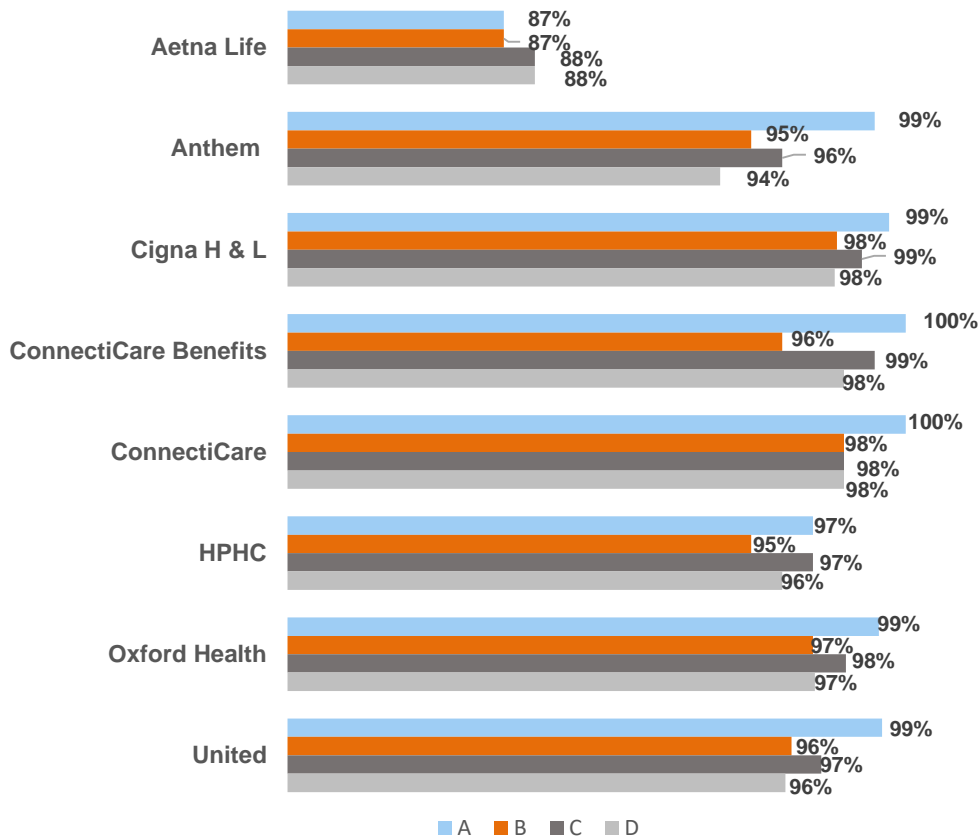


Medical Measures / Usage - Indemnity Managed Care Organizations

Child & Adolescents Access to Primary Care Physicians (PCP)

The percentage of members 12 months-19 years of age who:

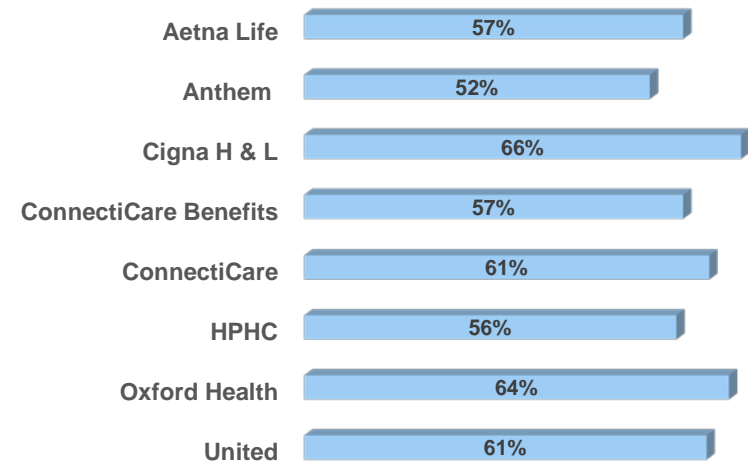
- (A) children 12-24 months of age as of December 31, 2018 and were continuously enrolled in the plan during 2018; and had a visit with a PCP during 2018
- (B) children 25 months-6 years of age as of December 31, 2018 and were continuously enrolled in the plan during 2018; and had a visit with a PCP during 2018
- (C) children 7-11 years of age as of December 31, 2018 and were continuously enrolled in the plan during 2017 and 2018; and had a visit with a PCP during 2017 or 2018
- (D) children 12-19 years of age as of December 31, 2018 and were continuously enrolled in the plan during 2017 and 2018; and had a visit with a PCP during 2017 or 2018



Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who:

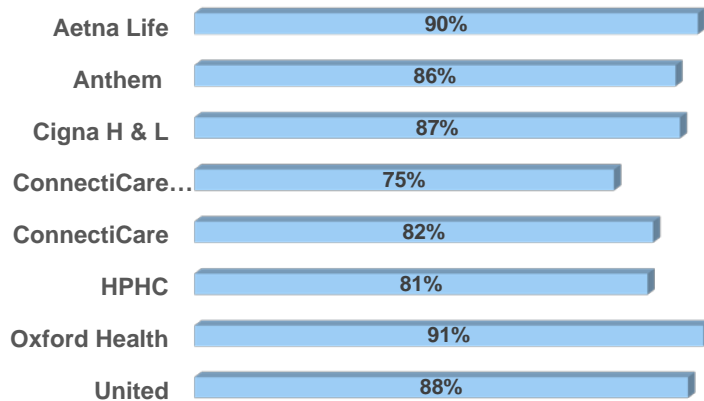
- (A) were enrolled on December 31, 2018; and
- (B) were 18 through 75 years of age during 2018; and
- (C) were continuously enrolled during 2018;
- (D) who had either a retinal or dilated eye examination in 2018, or had a negative retinal or dilated eye examination in 2017, or a bilateral eye enucleation anytime during the members history through December 31, 2018.



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, 2018 and (b) were hospitalized and discharged between July 1, 2017 and June 30, 2018; 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.



Next - Utilization Review

Utilization Review (UR) is the process by which your health plan determines whether the treatment or services prescribed by your physician are appropriate or medically necessary to treat your condition. Your health plan may contract with a licensed specialty utilization review company to review recommended treatment for specific types of services (i.e. behavioral health, diagnostic services, prescription drugs, etc.).

For purposes of understanding the charts below, a higher percentage of UR denials means that more requests for prescribed treatment were denied, in whole or in part, by the health plan when compared to other plans.

Conversely, a lower percentage of UR denials when compared to other health plans means that more requests for services were approved by the health plan.

Utilization Review Data – 2018

HMO- Aetna Health	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	19	5	24
1. Based on Medical Necessity	19	5	24
2. Based on anything other than Medical Necessity	0	0	0
B. The total number of UR requests in A, that were denied*.	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 UR requests that were denied* based on A.	16%	0%	13%
1. Based on Medical Necessity	16%	0%	13%
2. Based on anything other than Medical Necessity	0%	0%	0%
C. The total number of denials in B above that were appealed.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of denials in B above that were appealed.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
D. The total number of appeals in C that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in C that were upheld on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
F. The number of appeals in E that went to external appeal (through CID)	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2018

HMO - Anthem		MH/SA Requests	
A. The total number of utilization review requests.	10,149	695	10,844
1. Based on Medical Necessity	9,997	686	10,683
2. Based on anything other than Medical Necessity	152	9	161
B. The total number of UR requests in A, that were denied*.	1,356	28	1,384
1. Based on Medical Necessity	1,293	23	1,316
2. Based on anything other than Medical Necessity	63	5	68
The Percentage of UR requests that were denied* based on A.	13%	4%	13%
1. Based on Medical Necessity	13%	3%	12%
2. Based on anything other than Medical Necessity	41%	56%	42%
C. The total number of denials in B above that were appealed.	99	4	103
1. Based on Medical Necessity	96	3	99
2. Based on anything other than Medical Necessity	3	1	4
The Percentage of denials in B above that were appealed.	7%	14%	7%
1. Based on Medical Necessity	7%	13%	8%
2. Based on anything other than Medical Necessity	5%	20%	6%
D. The total number of appeals in C, that were reversed on appeal.	38	2	40
1. Based on Medical Necessity	38	2	40
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	38%	50%	39%
1. Based on Medical Necessity	40%	67%	40%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	61	2	63
1. Based on Medical Necessity	58	1	59
2. Based on anything other than Medical Necessity	3	1	4
The Percentage of appeals in C that were upheld on appeal.	62%	50%	61%
1. Based on Medical Necessity	60%	33%	60%
2. Based on anything other than Medical Necessity	100%	100%	100%
F. The number of appeals in E that went to external appeal (through CID)	3	0	3
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	5%	0%	5%
1. Based on Medical Necessity	5%	0%	5%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data - 2018

HMO - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	11,721	1,003	12,724
1. Based on Medical Necessity	11,241	987	12,228
2. Based on anything other than Medical Necessity	480	16	496
B. The total number of UR requests in A, that were denied*.	2,459	41	2,500
1. Based on Medical Necessity	1,979	25	2,004
2. Based on anything other than Medical Necessity	480	16	496
The Percentage of UR requests that were denied* based on A.	21%	4%	20%
1. Based on Medical Necessity	18%	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.	138	1	139
1. Based on Medical Necessity	132	1	133
2. Based on anything other than Medical Necessity	6	0	6
The Percentage of denials in B above that were appealed.	6%	2%	6%
1. Based on Medical Necessity	7%	4%	7%
2. Based on anything other than Medical Necessity	1%	0%	1%
D. The total number of appeals in C, that were reversed on appeal.	47	0	47
1. Based on Medical Necessity	47	0	47
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	34%	0%	34%
1. Based on Medical Necessity	36%	0%	35%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	91	1	92
1. Based on Medical Necessity	85	1	86
2. Based on anything other than Medical Necessity	6	0	6
The Percentage of appeals in C that were upheld on appeal.	66%	100%	66%
1. Based on Medical Necessity	64%	100%	65%
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)	1	0	1
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals in E that went to external appeal. (through CID)	1%	0%	1%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	17%	0%	17%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2018

HMO - Harvard	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	979	105	1084
1. Based on Medical Necessity	907	105	1012
2. Based on anything other than Medical Necessity	72	0	72
B. The total number of UR requests in A, that were denied*.	114	7	121
1. Based on Medical Necessity	94	7	101
2. Based on anything other than Medical Necessity	20	0	20
The Percentage of UR requests that were denied* based on A.	12%	7%	11%
1. Based on Medical Necessity	10%	7%	10%
2. Based on anything other than Medical Necessity	28%	0%	28%
C. The total number of denials in B above that were appealed.	6	0	6
1. Based on Medical Necessity	4	0	4
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of denials in B above that were appealed.	5%	0%	5%
1. Based on Medical Necessity	4%	0%	4%
2. Based on anything other than Medical Necessity	10%	0%	10%
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.	83%	0%	83%
1. Based on Medical Necessity	100%	0%	100%
2. Based on anything other than Medical Necessity	50%	0%	50%
E. The total number of appeals in C that were upheld on appeal.	1	0	1
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals in C that were upheld on appeal.	17%	0%	17%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	50%	0%	50%
F. The number of appeals in E that went to external appeal (through CID)	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2018

HMO - Oxford	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	7,677	811	8,488
1. Based on Medical Necessity	7,408	779	8,187
2. Based on anything other than Medical Necessity	269	32	301
B. The total number of UR requests in A, that were denied*.	1,682	275	1,957
1. Based on Medical Necessity	1,633	264	1,897
2. Based on anything other than Medical Necessity	49	11	60
The Percentage of UR requests that were denied* based on A.	22%	34%	23%
1. Based on Medical Necessity	22%	34%	23%
2. Based on anything other than Medical Necessity	18%	34%	20%
C. The total number of denials in B above that were appealed.	83	9	92
1. Based on Medical Necessity	69	6	75
2. Based on anything other than Medical Necessity	14	3	17
The Percentage of denials in B above that were appealed.	5%	3%	5%
1. Based on Medical Necessity	4%	2%	4%
2. Based on anything other than Medical Necessity	29%	27%	28%
D. The total number of appeals in C, that were reversed on appeal.	39	1	40
1. Based on Medical Necessity	30	1	31
2. Based on anything other than Medical Necessity	9	0	9
The Percentage of appeals that were reversed on appeal.	47%	11%	43%
1. Based on Medical Necessity	43%	17%	41%
2. Based on anything other than Medical Necessity	64%	0%	53%
E. The total number of appeals in C that were upheld on appeal.	42	6	48
1. Based on Medical Necessity	37	6	43
2. Based on anything other than Medical Necessity	5	0	5
The Percentage of appeals in C that were upheld on appeal.	51%	67%	52%
1. Based on Medical Necessity	54%	100%	57%
2. Based on anything other than Medical Necessity	36%	0%	29%
F. The number of appeals in E that went to external appeal (through CID)	4	1	5
1. Based on Medical Necessity	4	1	5
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%	17%	10%
1. Based on Medical Necessity	11%	17%	12%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	1	1	2
1. Based on Medical Necessity	1	1	2
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	25%	100%	40%
1. Based on Medical Necessity	25%	100%	40%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2018

Indemnity - Aetna Life	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	2,712	386	3,098
1. Based on Medical Necessity	2,662	386	3,048
2. Based on anything other than Medical Necessity	50	0	50
B. The total number of UR requests in A, that were denied*.	669	28	697
1. Based on Medical Necessity	650	28	678
2. Based on anything other than Medical Necessity	19	0	19
The Percentage of UR requests that were denied* based on A.	25%	7%	13%
1. Based on Medical Necessity	24%	7%	13%
2. Based on anything other than Medical Necessity	38%	0%	0%
C. The total number of denials in B above that were appealed.	179	8	187
1. Based on Medical Necessity	172	8	180
2. Based on anything other than Medical Necessity	7	0	7
The Percentage of denials in B above that were appealed.	27%	29%	27%
1. Based on Medical Necessity	26%	29%	27%
2. Based on anything other than Medical Necessity	37%	0%	37%
D. The total number of appeals in C, that were reversed on appeal.	62	2	64
1. Based on Medical Necessity	55	2	57
2. Based on anything other than Medical Necessity	7	0	7
The Percentage of appeals that were reversed on appeal.	35%	25%	34%
1. Based on Medical Necessity	32%	25%	32%
2. Based on anything other than Medical Necessity	100%	0%	100%
E. The total number of appeals in C that were upheld on appeal.	64	4	68
1. Based on Medical Necessity	62	4	66
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of appeals in C that were upheld on appeal.	36%	50%	36%
1. Based on Medical Necessity	36%	50%	37%
2. Based on anything other than Medical Necessity	29%	0%	29%
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%	25%	16%
1. Based on Medical Necessity	16%	25%	17%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	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 external appeals above in F that were reversed on appeal.	100%	100%	100%
1. Based on Medical Necessity	100%	100%	100%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2018

Indemnity - Anthem	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	68,655	3,652	72,307
1. Based on Medical Necessity	68,254	3601	71,855
2. Based on anything other than Medical Necessity	401	51	452
B. The total number of UR requests in A, that were denied*.	11,738	116	11,854
1. Based on Medical Necessity	11,493	111	11,604
2. Based on anything other than Medical Necessity	245	5	250
The Percentage of UR requests that were denied* based on A.	17%	3%	16%
1. Based on Medical Necessity	17%	3%	16%
2. Based on anything other than Medical Necessity	61%	10%	55%
C. The total number of denials in B above that were appealed.	547	31	578
1. Based on Medical Necessity	539	26	565
2. Based on anything other than Medical Necessity	8	5	13
The Percentage of denials in B above that were appealed.	5%	27%	5%
1. Based on Medical Necessity	5%	23%	5%
2. Based on anything other than Medical Necessity	3%	100%	5%
D. The total number of appeals in C, that were reversed on appeal.	180	6	186
1. Based on Medical Necessity	177	5	182
2. Based on anything other than Medical Necessity	3	1	4
The Percentage of appeals that were reversed on appeal.	33%	19%	32%
1. Based on Medical Necessity	33%	19%	32%
2. Based on anything other than Medical Necessity	38%	20%	31%
E. The total number of appeals in C that were upheld on appeal.	367	25	392
1. Based on Medical Necessity	362	21	383
2. Based on anything other than Medical Necessity	5	4	9
The Percentage of appeals in C that were upheld on appeal.	67%	81%	68%
1. Based on Medical Necessity	67%	81%	68%
2. Based on anything other than Medical Necessity	63%	80%	69%
F. The number of appeals in E that went to external appeal (through CID)	30	1	31
1. Based on Medical Necessity	30	1	31
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%	4%	8%
1. Based on Medical Necessity	8%	5%	8%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	12	0	12
1. Based on Medical Necessity	12	0	12
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	40%	0%	39%
1. Based on Medical Necessity	40%	0%	39%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2018

Indemnity - Cigna H & L	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	32,812	1,632	34,444
1. Based on Medical Necessity	32,146	1,322	33,468
2. Based on anything other than Medical Necessity	666	310	976
B. The total number of UR requests in A, that were denied*.	11,453	107	11,560
1. Based on Medical Necessity	10,800	69	10,869
2. Based on anything other than Medical Necessity	653	38	691
The Percentage of UR requests that were denied* based on A.	35%	7%	34%
1. Based on Medical Necessity	34%	5%	32%
2. Based on anything other than Medical Necessity	98%	12%	71%
C. The total number of denials in B above that were appealed.	604	34	638
1. Based on Medical Necessity	338	30	368
2. Based on anything other than Medical Necessity	266	4	270
The Percentage of denials in B above that were appealed.	5%	32%	6%
1. Based on Medical Necessity	3%	43%	3%
2. Based on anything other than Medical Necessity	41%	11%	39%
D. The total number of appeals in C, that were reversed on appeal.	170	9	179
1. Based on Medical Necessity	121	9	130
2. Based on anything other than Medical Necessity	49	0	49
The Percentage of appeals that were reversed on appeal.	28%	26%	28%
1. Based on Medical Necessity	36%	30%	35%
2. Based on anything other than Medical Necessity	18%	0%	18%
E. The total number of appeals in C that were upheld on appeal.	434	25	459
1. Based on Medical Necessity	217	21	238
2. Based on anything other than Medical Necessity	217	4	221
The Percentage of appeals in C that were upheld on appeal.	72%	74%	72%
1. Based on Medical Necessity	64%	70%	65%
2. Based on anything other than Medical Necessity	82%	100%	82%
F. The number of appeals in E that went to external appeal (through CID)	7	7	14
1. Based on Medical Necessity	7	7	14
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	2%	28%	3%
1. Based on Medical Necessity	3%	33%	6%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	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 above in F that were reversed on appeal.	29%	0%	14%
1. Based on Medical Necessity	29%	0%	14%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2018

Indemnity - ConnectiCare Benefits	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	36,155	2,585	38,740
1. Based on Medical Necessity	34,590	2,571	37,161
2. Based on anything other than Medical Necessity	1,565	14	1,579
B. The total number of UR requests in A, that were denied*.	7,443	142	7,585
1. Based on Medical Necessity	5,878	128	6,006
2. Based on anything other than Medical Necessity	1,565	14	1,579
The Percentage of UR requests that were denied* based on A.	21%	5%	20%
1. Based on Medical Necessity	17%	5%	16%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	299	26	325
1. Based on Medical Necessity	278	26	304
2. Based on anything other than Medical Necessity	21	0	21
The Percentage of denials in B above that were appealed.	4%	18%	4%
1. Based on Medical Necessity	5%	20%	5%
2. Based on anything other than Medical Necessity	1%	0%	1%
D. The total number of appeals in C, that were reversed on appeal.	94	3	97
1. Based on Medical Necessity	94	3	97
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	31%	12%	30%
1. Based on Medical Necessity	34%	12%	32%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	205	23	228
1. Based on Medical Necessity	184	23	207
2. Based on anything other than Medical Necessity	21	0	21
The Percentage of appeals in C that were upheld on appeal.	69%	88%	70%
1. Based on Medical Necessity	66%	88%	68%
2. Based on anything other than Medical Necessity	100%	0%	100%
F. The number of appeals in E that went to external appeal (through CID)	6	3	9
1. Based on Medical Necessity	6	3	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)	3%	13%	4%
1. Based on Medical Necessity	3%	13%	4%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	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 above in F that were reversed on appeal.	33%	0%	22%
1. Based on Medical Necessity	33%	0%	22%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2018

Indemnity - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	32,992	3,601	36,593
1. Based on Medical Necessity	31,483	3,593	35,076
2. Based on anything other than Medical Necessity	1,509	8	1,517
B. The total number of UR requests in A, that were denied*.	6,642	175	6,817
1. Based on Medical Necessity	5,133	167	5,300
2. Based on anything other than Medical Necessity	1,509	8	1,517
The Percentage of UR requests that were denied* based on A.	20%	5%	19%
1. Based on Medical Necessity	16%	5%	15%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	406	46	452
1. Based on Medical Necessity	395	46	441
2. Based on anything other than Medical Necessity	11	0	11
The Percentage of denials in B above that were appealed.	6%	26%	7%
1. Based on Medical Necessity	8%	28%	8%
2. Based on anything other than Medical Necessity	1%	0%	1%
D. The total number of appeals in C, that were reversed on appeal.	157	11	168
1. Based on Medical Necessity	156	11	167
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals that were reversed on appeal.	39%	24%	37%
1. Based on Medical Necessity	39%	24%	38%
2. Based on anything other than Medical Necessity	9%	0%	9%
E. The total number of appeals in C that were upheld on appeal.	249	35	284
1. Based on Medical Necessity	239	35	274
2. Based on anything other than Medical Necessity	10	0	10
The Percentage of appeals in C that were upheld on appeal.	61%	76%	63%
1. Based on Medical Necessity	61%	76%	62%
2. Based on anything other than Medical Necessity	91%	0%	91%
F. The number of appeals in E that went to external appeal (through CID)	13	3	16
1. Based on Medical Necessity	10	3	13
2. Based on anything other than Medical Necessity	3	0	3
The Percentage of appeals in E that went to external appeal. (through CID)	5%	9%	6%
1. Based on Medical Necessity	4%	9%	5%
2. Based on anything other than Medical Necessity	30%	0%	30%
G. The total number of external appeals above in F that were reversed on appeal.	4	3	7
1. Based on Medical Necessity	2	3	5
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of external appeals above in F that were reversed on appeal.	31%	100%	44%
1. Based on Medical Necessity	20%	100%	38%
2. Based on anything other than Medical Necessity	67%	0%	67%

Utilization Review Data – 2018

Indemnity - HPHC	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	8,129	1,110	9,239
1. Based on Medical Necessity	7,539	1,107	8,646
2. Based on anything other than Medical Necessity	590	3	593
B. The total number of UR requests in A, that were denied*.	970	75	1,045
1. Based on Medical Necessity	819	72	891
2. Based on anything other than Medical Necessity	151	3	154
The Percentage of UR requests that were denied* based on A.	12%	7%	11%
1. Based on Medical Necessity	11%	7%	10%
2. Based on anything other than Medical Necessity	26%	100%	26%
C. The total number of denials in B above that were appealed.	96	13	109
1. Based on Medical Necessity	72	13	85
2. Based on anything other than Medical Necessity	24	0	24
The Percentage of denials in B above that were appealed.	10%	17%	10%
1. Based on Medical Necessity	9%	18%	10%
2. Based on anything other than Medical Necessity	16%	0%	16%
D. The total number of appeals in C, that were reversed on appeal.	55	3	58
1. Based on Medical Necessity	54	3	57
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals that were reversed on appeal.	57%	23%	53%
1. Based on Medical Necessity	75%	23%	67%
2. Based on anything other than Medical Necessity	4%	0%	4%
E. The total number of appeals in C that were upheld on appeal.	41	10	51
1. Based on Medical Necessity	18	10	28
2. Based on anything other than Medical Necessity	23	0	23
The Percentage of appeals in C that were upheld on appeal.	43%	77%	47%
1. Based on Medical Necessity	25%	77%	33%
2. Based on anything other than Medical Necessity	96%	0%	96%
F. The number of appeals in E that went to external appeal (through CID)	1	1	2
1. Based on Medical Necessity	1	1	2
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	2%	10%	4%
1. Based on Medical Necessity	6%	10%	7%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	0	1	1
1. Based on Medical Necessity	0	1	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	0%	100%	50%
1. Based on Medical Necessity	0%	100%	50%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2018

Indemnity - Oxford Health	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	42,510	3,070	45,580
1. Based on Medical Necessity	41,991	2,940	44,931
2. Based on anything other than Medical Necessity	519	130	649
B. The total number of UR requests in A, that were denied*.	7,340	859	8,199
1. Based on Medical Necessity	7,224	849	8,073
2. Based on anything other than Medical Necessity	116	10	126
The Percentage of UR requests that were denied* based on A.	17%	28%	18%
1. Based on Medical Necessity	17%	29%	18%
2. Based on anything other than Medical Necessity	22%	8%	19%
C. The total number of denials in B above that were appealed.	532	38	570
1. Based on Medical Necessity	435	29	464
2. Based on anything other than Medical Necessity	97	9	106
The Percentage of denials in B above that were appealed.	7%	4%	7%
1. Based on Medical Necessity	6%	3%	6%
2. Based on anything other than Medical Necessity	84%	90%	84%
D. The total number of appeals in C, that were reversed on appeal.	309	8	317
1. Based on Medical Necessity	250	4	254
2. Based on anything other than Medical Necessity	59	4	63
The Percentage of appeals that were reversed on appeal.	58%	21%	56%
1. Based on Medical Necessity	57%	14%	55%
2. Based on anything other than Medical Necessity	61%	44%	59%
E. The total number of appeals in C that were upheld on appeal.	223	30	253
1. Based on Medical Necessity	185	25	210
2. Based on anything other than Medical Necessity	38	5	43
The Percentage of appeals in C that were upheld on appeal.	42%	79%	44%
1. Based on Medical Necessity	43%	86%	45%
2. Based on anything other than Medical Necessity	39%	56%	41%
F. The number of appeals in E that went to external appeal (through CID)	14	3	17
1. Based on Medical Necessity	14	3	17
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%	10%	7%
1. Based on Medical Necessity	8%	12%	8%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	8	1	9
1. Based on Medical Necessity	8	1	9
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	57%	33%	53%
1. Based on Medical Necessity	57%	33%	53%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2018

Indemnity - United	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	16,147	3,509	19,656
1. Based on Medical Necessity	14,009	3,509	17,518
2. Based on anything other than Medical Necessity	2,138	0	2,138
B. The total number of UR requests in A, that were denied*.	3,629	637	4,266
1. Based on Medical Necessity	3,517	637	4,154
2. Based on anything other than Medical Necessity	112	0	112
The Percentage of UR requests that were denied* based on A.	22%	18%	22%
1. Based on Medical Necessity	25%	18%	24%
2. Based on anything other than Medical Necessity	5%	0%	5%
C. The total number of denials in B above that were appealed.	417	45	462
1. Based on Medical Necessity	402	21	423
2. Based on anything other than Medical Necessity	15	24	39
The Percentage of denials in B above that were appealed.	11%	7%	11%
1. Based on Medical Necessity	11%	3%	10%
2. Based on anything other than Medical Necessity	13%	0%	35%
D. The total number of appeals in C, that were reversed on appeal.	172	22	194
1. Based on Medical Necessity	170	16	186
2. Based on anything other than Medical Necessity	2	6	8
The Percentage of appeals that were reversed on appeal.	41%	49%	42%
1. Based on Medical Necessity	42%	76%	44%
2. Based on anything other than Medical Necessity	13%	25%	21%
E. The total number of appeals in C that were upheld on appeal.	245	22	267
1. Based on Medical Necessity	232	16	248
2. Based on anything other than Medical Necessity	13	6	19
The Percentage of appeals in C that were upheld on appeal.	59%	49%	58%
1. Based on Medical Necessity	58%	76%	59%
2. Based on anything other than Medical Necessity	87%	25%	49%
F. The number of appeals in E that went to external appeal (through CID)	8	3	11
1. Based on Medical Necessity	8	3	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)	3%	14%	4%
1. Based on Medical Necessity	3%	19%	4%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals above in F that were reversed on appeal.	6	1	7
1. Based on Medical Necessity	6	1	7
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals above in F that were reversed on appeal.	75%	33%	64%
1. Based on Medical Necessity	75%	33%	64%
2. Based on anything other than Medical Necessity	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2018

HMO - Aetna Health	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	4	0	0	1	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	251	80	54	156	116	38
Number of UR Requests Denied	2	8	2	6	8	2
Percentage of UR Requests that were Denied	1%	10%	4%	4%	7%	5%
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 2018

HMO - ConnectiCare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	264	90	123	377	89	44
Number of UR Requests Denied	4	5	4	7	3	2
Percentage of UR Requests that were Denied	2%	6%	3%	2%	3%	5%
Number of Denials that were Appealed	0	0	1	0	0	0
Percentage of Denials that were Appealed	0%	0%	25%	0%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

HMO - Harvard	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	24	24	5	17	35	0
Number of UR Requests Denied	2	2	0	2	1	0
Percentage of UR Requests that were Denied	8%	8%	0%	12%	3%	0%
Number of Denials that were Appealed	0	0	0	0	0	0
Percentage of Denials that were Appealed	0%	0%	0%	0%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2018

HMO - Oxford	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	22	6	3	25	737	2
Number of UR Requests Denied	5	6	2	13	237	1
Percentage of UR Requests that were Denied	23%	100%	67%	52%	32%	50%
Number of Denials that were Appealed	1	2	1	1	0	1
Percentage of Denials that were Appealed	20%	33%	50%	8%	0%	100%
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	1	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	100%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	1	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	100%	0%	0%	0%	0%	0%

Indemnity - Aetna Life	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	99	65	30	55	83	54
Number of UR Requests Denied	1	13	2	5	5	2
Percentage of UR Requests that were Denied	1%	20%	7%	9%	6%	4%
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 2018

Indemnity - Anthem	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	1,094	781	507	820	345	105
Number of UR Requests Denied	12	69	14	32	9	14
Percentage of UR Requests that were Denied	1%	9%	3%	4%	3%	13%
Number of Denials that were Appealed	0	5	0	1	0	1
Percentage of Denials that were Appealed	0%	7%	0%	3%	0%	7%
Number of Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	1	0	1	0	1
Percentage of Upheld Appeals that went to External Appeals	0%	20%	0%	100%	0%	100%
Number of External Appeals that Reversed the decision	0	1	0	0	0	1
Percentage of External Appeals that Reversed the decision	0%	100%	0%	0%	0%	100%

Indemnity - Cigna L & H	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	395	245	217	210	180	75
Number of UR Requests Denied	19	23	15	4	12	1
Percentage of UR Requests that were Denied	5%	9%	7%	2%	7%	1%
Number of Denials that were Appealed	12	9	0	1	8	0
Percentage of Denials that were Appealed	63%	39%	0%	25%	67%	0%
Number of Appeals that Reversed the decision	1	3	0	0	3	0
Percentage of Appeals that Reversed the decision	8%	33%	0%	0%	38%	0%
Number of Upheld Appeals that went to External Appeal	3	3	0	0	1	0
Percentage of Upheld Appeals that went to External Appeals	27%	50%	0%	0%	20%	0%
Number of External Appeals that Reversed the decision	1	1	0	0	0	0
Percentage of External Appeals that Reversed the decision	33%	33%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2018

Indemnity - ConnectiCare Benefits	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	622	428	292	841	276	112
Number of UR Requests Denied	15	25	11	64	4	9
Percentage of UR Requests that were Denied	2%	6%	4%	8%	1%	8%
Number of Denials that were Appealed	3	9	4	8	0	2
Percentage of Denials that were Appealed	20%	36%	36%	13%	0%	22%
Number of Appeals that Reversed the decision	0	1	2	0	0	0
Percentage of Appeals that Reversed the decision	0%	11%	50%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	1	0	0	1	0	0
Percentage of Upheld Appeals that went to External Appeals	33%	0%	0%	13%	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 - ConnectiCare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	635	646	523	1,427	248	114
Number of UR Requests Denied	13	44	28	67	11	4
Percentage of UR Requests that were Denied	2%	7%	5%	5%	4%	4%
Number of Denials that were Appealed	4	12	7	12	0	3
Percentage of Denials that were Appealed	31%	27%	25%	18%	0%	75%
Number of Appeals that Reversed the decision	1	3	0	4	0	1
Percentage of Appeals that Reversed the decision	25%	25%	0%	33%	0%	33%
Number of Upheld Appeals that went to External Appeal	0	1	2	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	11%	29%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	1	2	0	0	0
Percentage of External Appeals that Reversed the decision	0%	100%	100%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2018

Indemnity - HPHC	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	234	216	232	257	164	4
Number of UR Requests Denied	2	20	14	26	6	4
Percentage of UR Requests that were Denied	1%	9%	6%	10%	4%	100%
Number of Denials that were Appealed	0	5	3	2	1	0
Percentage of Denials that were Appealed	0%	25%	21%	8%	17%	0%
Number of Appeals that Reversed the decision	0	1	1	0	0	0
Percentage of Appeals that Reversed the decision	0%	20%	33%	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	133	42	37	180	2,623	57
Number of UR Requests Denied	11	18	8	14	794	4
Percentage of UR Requests that were Denied	8%	43%	22%	8%	30%	7%
Number of Denials that were Appealed	6	8	5	8	3	2
Percentage of Denials that were Appealed	55%	44%	63%	57%	0%	50%
Number of Appeals that Reversed the decision	2	0	1	1	0	0
Percentage of Appeals that Reversed the decision	33%	0%	20%	13%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	1	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	33%	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 2018

Indemnity - United	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	436	271	258	729	1,733	56
Number of UR Requests Denied	9	19	12	57	510	4
Percentage of UR Requests that were Denied	2%	7%	5%	8%	29%	7%
Number of Denials that were Appealed	0	9	4	8	3	0
Percentage of Denials that were Appealed	0%	47%	33%	14%	1%	0%
Number of Appeals that Reversed the decision	0	2	0	1	3	0
Percentage of Appeals that Reversed the decision	0%	22%	0%	13%	100%	0%
Number of Upheld Appeals that went to External Appeal	0	1	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	14%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Mental Health Measures / Usage - Health Maintenance Organizations

Mental Health Utilization - Percentage by Level of Care	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Report the total number of members who received care					
(a) Any Mental Health Service	63	25,195	998	270	2899
(b) Inpatient Mental Health Services	2	506	24	1	64
(c) Intensive Outpatient or Partial Hospitalization Health Services	3	648	25	3	97
(d) Outpatient	56	23,720	917	263	2678
(e) Emergency Department Health Services	1	290	27	3	51
(f) Telehealth Services	1	31	5	0	9
Report the percentage of total membership who received the respective service					
(a) Any Mental Health Service	11%	17%	3%	5%	27%
(b) Inpatient Mental Health Services	0%	0%	0%	0%	1%
(c) Intensive Outpatient or Partial Hospitalization Health Services	1%	0%	0%	0%	1%
(d) Outpatient	11%	16%	3%	5%	25%
(e) Emergency Department Health Services	0%	0%	0%	0%	0%
(f) Telehealth Services	0%	0%	0%	0%	0%

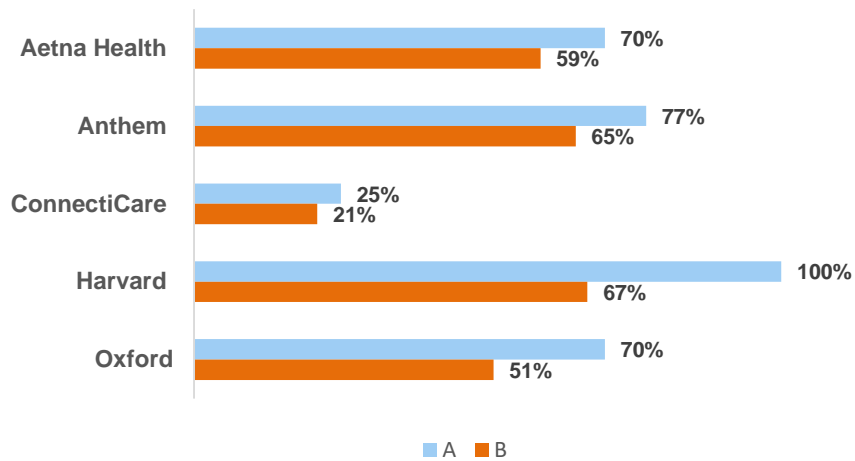
Alcohol & Other Drug Services - Percentage by Level of Care	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Report the total number of members who received care					
(a) Any Chemical Dependency Service	8	1,029	97	102	259
(b) Inpatient Chemical Dependency Services	1	141	19	11	31
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	0	70	2	3	13
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	4	643	39	72	170
(e) Emergency Department Dependency Services	3	171	37	16	45
(f) Telehealth Services	0	4	0	0	0
Report the percentage of total membership who received the respective service					
(a) Any Chemical Dependency Service	2%	1%	0%	2%	2%
(b) Inpatient Chemical Dependency Services	0%	0%	0%	0%	0%
(c) Intensive Outpatient or Partial Hospitalization Dependency Services	0%	0%	0%	0%	0%
(d) Outpatient or Ambulatory Medication Assisted Treatment (MAT) dispensing event	1%	0%	0%	1%	2%
(e) Emergency Department Dependency Services	1%	0%	0%	0%	0%
(f) Telehealth Services	0%	0%	0%	0%	0%

Mental Health Measures / Usage - Health Maintenance Organizations

Follow-up After Emergency Department Visit for Mental Illness

The percentage of emergency department (ED) visits between January 1 and December 1, 2018, 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, with a follow-up visit for mental illness

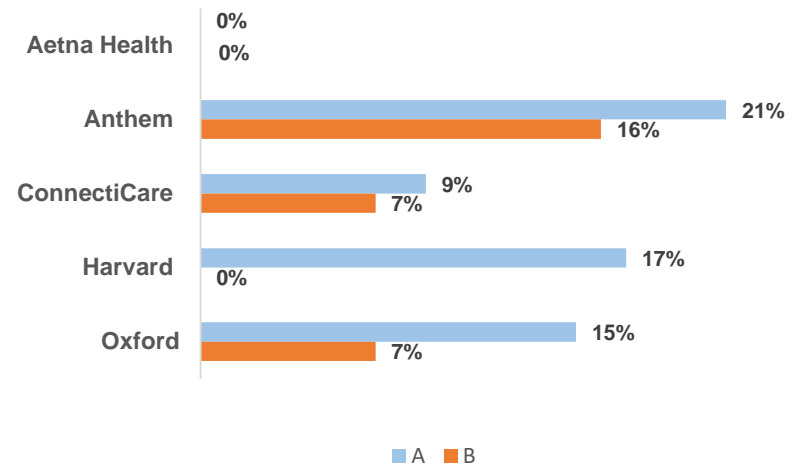
- (A) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder on or within 30 days after the ED visit
- (B) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder on or within 7 days after the ED visit



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

The percentage of emergency department (ED) visits between January 1 and December 1, 2018, where the members was 13 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, with a follow-up visit for AOD abuse or dependency

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

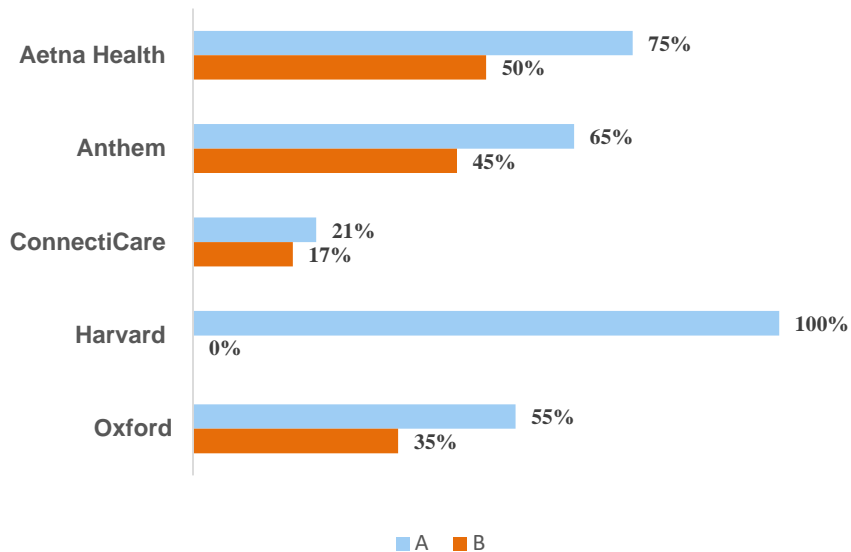


Mental Health Measures / Usage - Health Maintenance Organizations

Follow-up After Hospitalization for Mental Health

The percentage of discharges for members 6 years of age and older as of the discharge date, who were continuously enrolled from the date of discharge through 30 days after discharge, who had an acute care inpatient discharge with a principal diagnosis of mental illness, with a discharge date on or between January 1, and December 1, 2018.

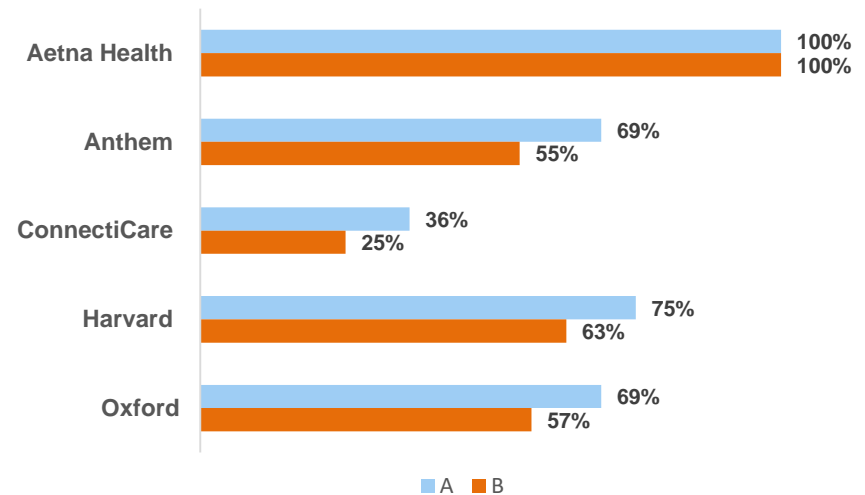
- (A) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.
- (B) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.



Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2018, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, who were not taking an antidepressant medication 105 days prior to the IPSD, who were diagnosed with a new episode of depression during the 121-day period from 60 days prior to IPSD, through 60 days after IPSD, and treated with antidepressant medication, who met at least one of the following criteria during the intake period. * An outpatient visit, ED visit, telehealth visit, intensive outpatient or partial hospitalization setting with any diagnosis of major depression; or * An acute or non-acute inpatient stay with any diagnosis of major depression.

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

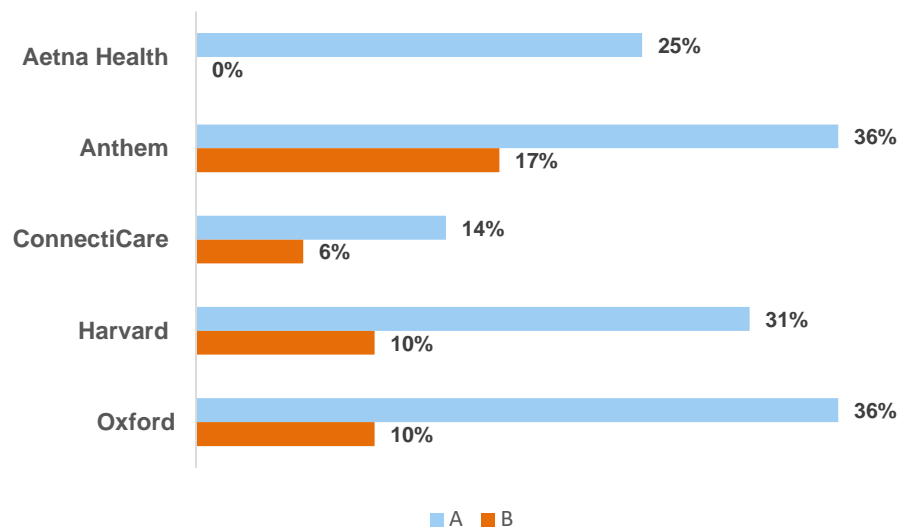


Mental Health Measures / Usage - Health Maintenance Organizations

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

The percentage of members 13 years of age and older as of December 31, 2018, with a new episode of alcohol or other drug (AOD) dependence on or between January 1 and November 15, 2018, who were continuously enrolled from 60 days prior to the Index Episode Start Date (IESD) through 48 days after the IESD, who received the following:

- (A) *Initiation of AOD Treatment - the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis*
- (B) *Engagement of AOD Treatment - the percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD or MAT within 39 days of the initiation visit*

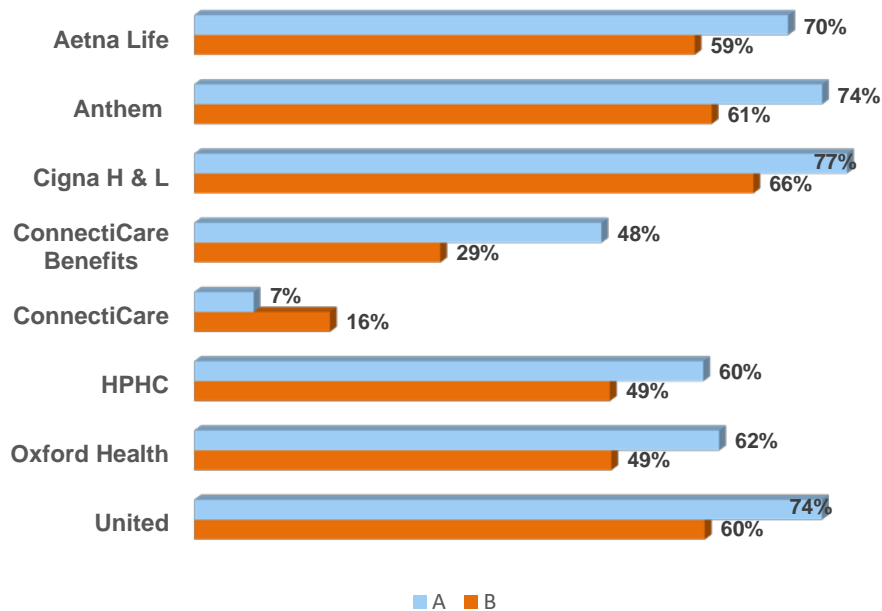


Mental Health Measures / Usage - Indemnity Managed Care Organizations

Follow-up After Emergency Department Visit for Mental Illness

The percentage of emergency department (ED) visits between January 1 and December 1, 2018, 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, with a follow-up visit for mental illness

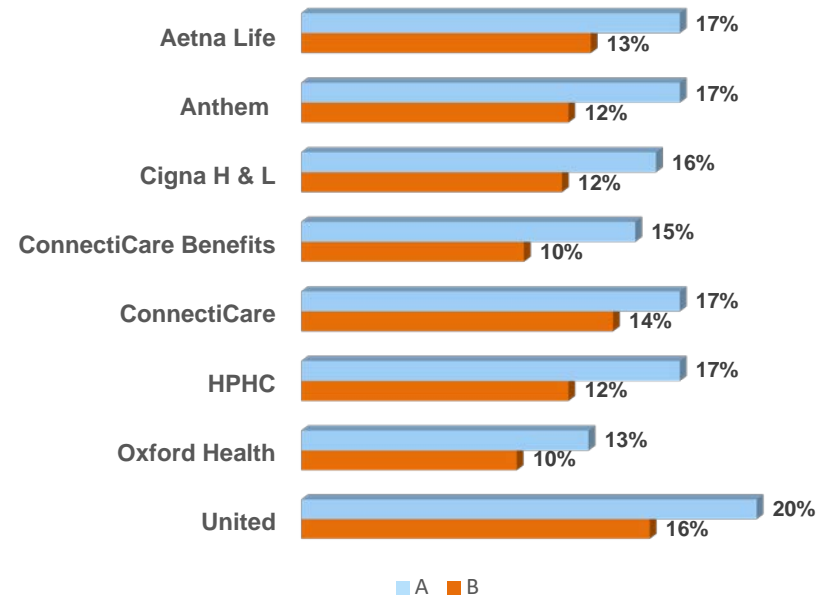
- (A) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder on or within 30 days after the ED visit
- (B) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder on or within 7 days after the ED visit



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

The percentage of emergency department (ED) visits between January 1 and December 1, 2018, where the members was 13 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, with a follow-up visit for AOD abuse or dependency

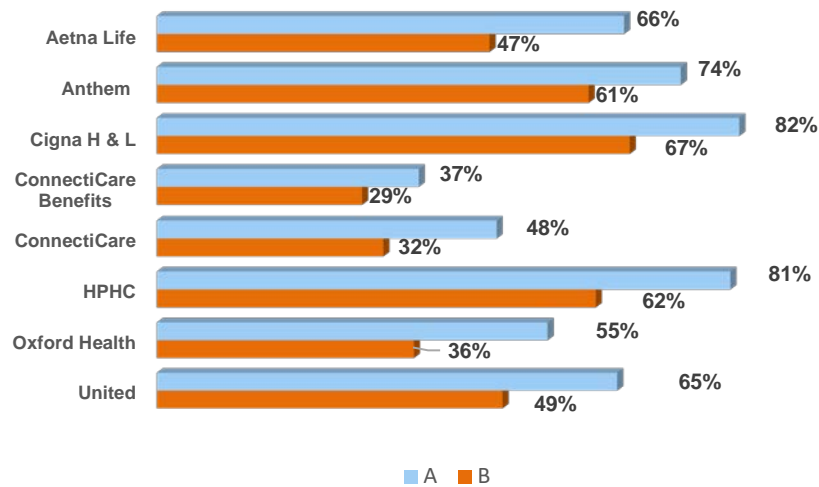
- (A) who had a follow-up visit with a practitioner, with a principal diagnosis of AOD abuse or dependency on or within 30 days after the ED visit
- (B) who had a follow-up visit with a practitioner, with a principal diagnosis of AOD abuse or dependency on or within 7 days after the ED visit



Mental Health Measures / Usage - Indemnity Managed Care Organizations

Follow-up After Hospitalization for Mental Health

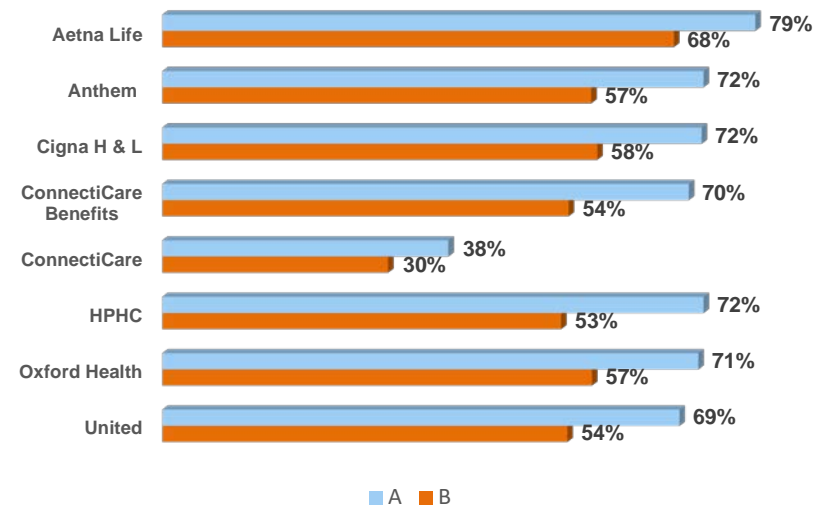
The percentage of discharges for members 6 years of age and older as of the discharge date, who were continuously enrolled from the date of discharge through 30 days after discharge, who had an acute care inpatient discharge with a principal diagnosis of mental illness, with a discharge date on or between January 1, and December 1, 2018.



Antidepressant Medication Management

The percentage of members 18 and older as of Apr. 30, 2018, who were continuously enrolled 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD, who were not taking an antidepressant medication 105 days prior to the IPSD, who were diagnosed with a new episode of depression during the 121-day period from 60 days prior to IPSD, through 60 days after IPSD, and treated with antidepressant medication, who met at least one of the following criteria during the intake period. * An outpatient visit, ED visit, telehealth visit, intensive outpatient or partial hospitalization setting with any diagnosis of major depression; or * An acute or non-acute inpatient stay with any diagnosis of major depression.

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

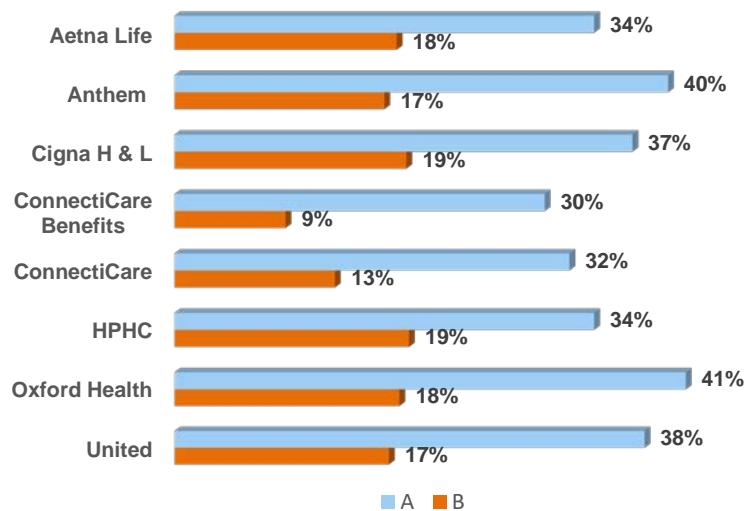


Mental Health Measures / Usage - Indemnity Managed Care Organizations

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

The percentage of members 13 years of age and older as of December 31, 2018, with a new episode of alcohol or other drug (AOD) dependence on or between January 1 and November 15, 2018, who were continuously enrolled from 60 days prior to the Index Episode Start Date (IESD) through 48 days after the IESD, who received the following:

- (A) Initiation of AOD Treatment - the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis
- (B) Engagement of AOD Treatment - the percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD or MAT within 39 days of the initiation visit



HMO - Claim Reporting

Expenses

Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2018 through Dec. 31, 2018, for each of the following.	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
Mental Health					
(a) Inpatient	\$20.79	\$5.44	\$3.34	\$2.44	\$3.33
(b) Outpatient	\$10.90	\$13.41	\$6.40	\$2.07	\$8.15
Total in column	\$31.69	\$18.85	\$9.74	\$4.51	\$11.48
Substance Abuse or Dependency					
(a) Inpatient	\$0.00	\$1.73	\$0.26	\$8.12	\$1.52
(b) Outpatient	\$0.06	\$1.69	\$2.57	\$1.14	\$2.53
Total in column	\$0.06	\$3.42	\$2.83	\$9.26	\$4.05
Medical					
(a) Inpatient	\$68.20	\$93.58	\$110.73	\$131.10	\$91.63
(b) Outpatient	\$280.99	\$237.42	\$274.27	\$191.34	\$298.11
Total in column	\$349.19	\$331.00	\$385.00	\$322.44	\$389.74
Total All Claims (sum of above categories)					
(a) Inpatient	\$88.99	\$100.75	\$114.33	\$141.66	\$96.48
(b) Outpatient	\$291.95	\$252.52	\$283.24	\$194.55	\$308.79
Total in column	\$380.94	\$353.27	\$397.57	\$336.21	\$405.27

Claim Denial Data

	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
The total number of claims received for the period.	8,421	110,572	1,053,418	21,635	207,190
1) Provide the number of denials of the total in each of the following:					
(a) "not a covered benefit"	308	586	9,953	78	7,000
(b) "not medically necessary"	7	94	2,605	18	234
(c) "not an eligible enrollee/dependent"	1,687	8,033	40,758	15	1,348
(d) "incomplete submission"	1,068	2,667	31,834	255	2,710
(e) "duplicate submission"	69	2,958	23,585	400	8,924
(f) "all other miscellaneous"	892	13,026	113,370	1,930	36,003
2) Provide the denials as a percent of the total claims for the following:					
(a) "not a covered benefit"	3.66%	0.53%	0.94%	0.36%	3.38%
(b) "not medically necessary"	0.08%	0.09%	0.25%	0.08%	0.11%
(c) "not an eligible enrollee/dependent"	20.03%	7.26%	3.87%	0.07%	0.65%
(d) "incomplete submission"	12.68%	2.41%	3.02%	1.18%	1.31%
(e) "duplicate submission"	0.82%	2.68%	2.24%	1.85%	4.31%
(f) "all other miscellaneous"	10.59%	11.78%	10.76%	8.92%	17.38%

HMO - Claim Reporting

Claim Denial Data (continued)

	Aetna Health	Anthem	ConnectiCare	Harvard	Oxford
3) Provide the number of internal appeals of denials in each of the following:					
(a) "not a covered benefit"	1	8	357	2	1
(b) "not medically necessary"	5	11	2,270	4	90
(c) "not an eligible enrollee/dependent"	0	30	0	0	0
(d) "incomplete submission"	0	0	81	0	0
(e) "duplicate submission"	0	0	6	0	0
(f) "all other miscellaneous"	4	140	1,842	0	31
4) Provide the internal appeals as a percent of the total claims for the following:					
(a) "not a covered benefit"	0.01%	0.01%	0.03%	0.01%	0.00%
(b) "not medically necessary"	0.06%	0.01%	0.22%	0.02%	0.04%
(c) "not an eligible enrollee/dependent"	0.00%	0.03%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.01%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.05%	0.13%	0.17%	0.00%	0.01%
5) Provide the number of internal appeals reversed on appeal in each of the following:					
(a) "not a covered benefit"	0	4	165	1	0
(b) "not medically necessary"	1	1	432	4	40
(c) "not an eligible enrollee/dependent"	0	15	0	0	0
(d) "incomplete submission"	0	0	53	0	0
(e) "duplicate submission"	0	0	0	0	0
(f) "all other miscellaneous"	0	79	1,079	0	10
6) Provide the reversed appeals as a percent of the total claims for the following:					
(a) "not a covered benefit"	0.00%	0.00%	0.02%	0.00%	0.00%
(b) "not medically necessary"	0.01%	0.00%	0.04%	0.02%	0.02%
(c) "not an eligible enrollee/dependent"	0.00%	0.01%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.01%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.07%	0.10%	0.00%	0.00%

Indemnity - Claim Reporting

Expenses

Provide the claim expenses on a per member per month basis for the period of Jan. 1, 2018 through Dec. 31, 2018, for each of the following.	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
Mental Health								
(a) Inpatient	\$3.88	\$4.80	\$2.97	\$2.43	\$2.47	\$2.23	\$4.33	\$2.97
(b) Outpatient	\$6.22	\$10.66	\$4.33	\$5.62	\$6.81	\$2.10	\$14.48	\$14.31
Total in column	\$10.10	\$15.46	\$7.30	\$8.05	\$9.28	\$4.33	\$18.81	\$17.28
Substance Abuse or Dependency								
(a) Inpatient	\$1.46	\$2.70	\$0.47	\$0.26	\$0.27	\$6.42	\$2.90	\$1.21
(b) Outpatient	\$1.26	\$1.94	\$0.70	\$3.77	\$4.65	\$3.03	\$3.15	\$3.36
Total in column	\$2.72	\$4.64	\$1.17	\$4.03	\$4.92	\$9.45	\$6.05	\$4.57
Medical								
(a) Inpatient	\$71.80	\$101.62	\$119.31	\$103.21	\$109.28	\$133.14	\$106.09	\$100.05
(b) Outpatient	\$215.24	\$259.86	\$265.98	\$243.16	\$261.33	\$289.48	\$336.63	\$318.90
Total in column	\$287.04	\$361.48	\$385.29	\$346.37	\$370.61	\$422.62	\$442.72	\$418.95
Total All Claims (sum of above categories)								
(a) Inpatient	\$77.14	\$109.12	\$122.75	\$105.90	\$112.02	\$141.79	\$113.32	\$104.23
(b) Outpatient	\$222.72	\$272.46	\$271.01	\$252.55	\$272.79	\$294.61	\$354.26	\$336.57
Total in column	\$299.86	\$381.58	\$393.76	\$358.45	\$384.81	\$436.40	\$467.58	\$440.80

Claim Denial Data

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
The total number of claims received for the period.	1,292,841	1,463,490	678,345	2,605,893	3,058,359	299,801	1,634,309	1,467,681
1) Provide the number of denials of the total in each of the following:								
(a) "not a covered benefit"	75,059	2,730	3,320	32,504	31,418	1,061	13,379	9,685
(b) "not medically necessary"	1,651	1,397	550	6,256	6,649	746	2,052	7,394
(c) "not an eligible enrollee/dependent"	58,542	44,902	1,506	81,239	82,790	126	11,118	8,110
(d) "incomplete submission"	49,657	55,803	75	77,709	93,135	1,733	12,951	9,887
(e) "duplicate submission"	12,017	44,166	1,674	64,937	78,814	8,774	60,129	11,357
(f) "all other miscellaneous"	178,066	78,798	13,498	200,280	245,834	26,830	298,596	119,595
2) Provide the denials as a percent of the total claims for the following:								
(a) "not a covered benefit"	5.81%	0.19%	0.49%	1.25%	1.03%	0.35%	0.82%	0.66%
(b) "not medically necessary"	0.13%	0.10%	0.08%	0.24%	0.22%	0.25%	0.13%	0.50%
(c) "not an eligible enrollee/dependent"	4.53%	3.07%	0.22%	3.12%	2.71%	0.04%	0.68%	0.55%
(d) "incomplete submission"	3.84%	3.81%	0.01%	2.98%	3.05%	0.58%	0.79%	0.67%
(e) "duplicate submission"	0.93%	3.02%	0.25%	2.49%	2.58%	2.93%	3.68%	0.77%
(f) "all other miscellaneous"	13.77%	5.38%	1.99%	7.69%	8.04%	8.95%	18.27%	8.15%

Indemnity - Claim Reporting

Claim Denial Data (continued)

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	HPHC	Oxford Health	United
3) Provide the number of internal appeals of denials in each of the following:								
(a) "not a covered benefit"	35	22	22	694	639	24	2	13
(b) "not medically necessary"	5	88	310	5,675	4,225	72	127	141
(c) "not an eligible enrollee/dependent"	0	32	0	78	54	0	0	0
(d) "incomplete submission"	0	0	22	141	541	0	0	0
(e) "duplicate submission"	0	0	0	71	144	0	4	0
(f) "all other miscellaneous"	71	563	201	2,059	2,733	0	823	591
4) Provide the internal appeals as a percent of the total claims for the following:								
(a) "not a covered benefit"	0.00%	0.00%	0.00%	0.03%	0.02%	0.01%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.01%	0.05%	0.22%	0.14%	0.02%	0.01%	0.01%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.01%	0.04%	0.03%	0.08%	0.09%	0.00%	0.05%	0.04%
5) Provide the number of internal appeals reversed on appeal in each of the following:								
(a) "not a covered benefit"	10	11	0	84	187	1	0	0
(b) "not medically necessary"	1	30	190	125	878	54	58	57
(c) "not an eligible enrollee/dependent"	0	16	0	5	0	0	0	0
(d) "incomplete submission"	0	0	16	113	373	0	0	0
(e) "duplicate submission"	0	0	0	70	18	0	4	0
(f) "all other miscellaneous"	26	242	35	1,347	1,008	0	49	199
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%	0.01%	0.00%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.03%	0.00%	0.03%	0.02%	0.00%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.02%	0.01%	0.05%	0.03%	0.00%	0.00%	0.01%

Federal Medical Loss Ratio By Carrier

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

Individual Market - 80%

Small Group Market - 80%

Large Group Market - 85%

HMO	Individual	Small Group	Large Group
Aetna	NA	0.00%	107.80%
Anthem	89.50%	86.00%	91.20%
ConnectiCare	104.95%	NR	90.27%
Harvard	NA	92.20%	NR
Oxford	NA	79.60%	87.60%

Indemnity	Individual	Small Group	Large Group
Aetna Life	84.50%	91.90%	89.20%
Anthem	89.50%	86.00%	91.20%
Cigna H &L	NA	NA	91.31%
ConnectiCare Benefits	85.44%	NR	NA
ConnectiCare	97.82%	85.97%	90.84%
HPHC	NA	103.40%	97.40%
Oxford Health	92.20%	86.70%	91.20%
United	100.90%	96.90%	85.40%

Note:

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

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

Additional Companies not Included in this Report

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

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

Cigna HealthCare of Connecticut, Inc.

900 Cottage Grove Road Hartford, CT 06152

Connecticut General Life Insurance Company

900 Cottage Grove Road Hartford, CT 06152

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

Help & Additional Information

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

AGENCY	TYPE OF COMPLAINT OR INQUIRY	ADDRESS	TELEPHONE NUMBER(S)	WEBSITE
CT Insurance Department Consumer Affairs Division	Insurance policies, companies, producers and external appeals	Mail: P.O. Box 816 Hartford, CT 06142-0816	(800) 203-3447 (860) 297-3900	www.ct.gov/cid
CT Department of Public Health	Providers and medical facilities	410 Capitol Avenue Hartford, CT 06134	(800) 842-0038 (860) 509-8000	www.ct.gov/dph
CT Department of Social Services	HUSKY Healthcare	55 Farmington Avenue Hartford, CT 06105-3730	(877) 284-8759	www.ct.gov/dss
Office of the Healthcare Advocate	Managed care problems or questions	P.O. Box 1543 Hartford, CT 06144	(866) HMO-4446	www.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

