



Consumer Report Card
On Health Insurance Carriers
In Connecticut
October 2025



Dear Connecticut Health Insurance Consumers,

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

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

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

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

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

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

Warm regards,

A handwritten signature in blue ink, appearing to read 'Andrew N. Mais'.

Andrew N. Mais Commissioner

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Frequently Asked Questions

The information in this Report Card is based on data provided by the MCOs as of year-end 2024. This Report Card does not contain information on specific plans offered by the MCOs. Each MCO offers several different plans and often tailors them to a specific policyholder's needs. You will need to get additional information from the MCO or your employer to make your choice. In addition to this Report Card, you will need provider directories, premium or contribution rates and schedules of benefits for each plan you are considering.

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

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

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

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

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

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

Q. Does this Report Card evaluate all benefit options?

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

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

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

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

A. No.

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

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

Q. How are health insurance premiums set?

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

Terms Consumers Should Know

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Terms Consumers Should Know (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Managed Care Plan Comparison Worksheet

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

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

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

Notes:

Managed Care Organizations Included in this Report

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

HMO

Abbreviated Name	Company Name	Phone	Markets to Individuals	NCQA Accreditation
Aetna Health	Aetna Health Inc.	1-800-445-5299	No	Accredited
Anthem	Anthem Health Plans, Inc.	1-855-738-6644 Exchange, 1-800-233-4947 Public	Yes	Accredited
Cigna	Cigna HealthCare of Connecticut, Inc.	1-800-244-6224	No	Accredited
ConnectiCare	ConnectiCare, Inc.	1-800- 251-7722, (860) 674-5757 (Local)	Yes	Accredited
Oxford	Oxford Health Plans (CT), Inc.	1-800-666-1353	No	Accredited

Indemnity

Abbreviated Name	Company Name	Phone	Markets to Individuals	NCQA Accreditation
Aetna Life	Aetna Life Insurance Company	1-800-962-6842	No	Accredited
Anthem	Anthem Health Plans, Inc.	1-855-738-6644 Exchange, 1-800-233-4947 Public	Yes	Accredited
Cigna H & L	Cigna Health and Life Insurance Company	1-800-244-6224	No	Accredited
ConnectiCare Benefits	ConnectiCare Benefits, Inc.	1-800-251-7722, (860) 674-5757 (Local)	Yes	Accredited
ConnectiCare	ConnectiCare Insurance Company, Inc.	1-800-251-7722, (860) 674-5757 (Local)	Yes	Accredited
CT General	Connecticut General Life Insurance Company	1-800-244-6224	No	Not Applicable
Oxford Health	Oxford Health Insurance, Inc.	1-800-666-1353	No	Accredited
United	UnitedHealthcare Insurance Company	1-800-666-1353	No	Accredited

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

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

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

Websites for Individual & Family Health Insurance:

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

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

Managed Care Organizations - 2024 Enrollment

HMO	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
Aetna Health	0	0	52	0	0	0	0	0	52
Anthem	15,189	0	696	0	3	222,657	15,189	3	223,353
Cigna	0	0	1	0	0	0	0	0	1
ConnectiCare	864	0	2,561	0	0	0	864	0	2,561
Oxford	0	980	1,323	0	0	0	0	980	1,323
Totals	16,053	980	4,633	0	3	222,657	16,053	983	227,290

INDEMNITY	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
Aetna Life	0	1,285	51,421	0	11,765	205,878	0	13,050	257,299
Anthem	55,341	50,150	47,113	0	12,265	687,725	55,341	62,415	734,838
Cigna H & L	0	7,658	67,782	0	1,374	272,800	0	9,032	340,582
ConnectiCare Benefits	71,620	0	0	0	0	0	71,620	0	0
ConnectiCare	3,603	0	14,354	0	6,270	3,251	3,603	6,270	17,605
CT General	11	0	0	0	0	0	11	0	0
Oxford Health	0	14,309	10,137	0	0	0	0	14,309	10,137
United	0	1,665	57,471	0	0	0	0	1,665	57,471
Totals	130,575	75,067	248,278	0	31,674	1,169,654	130,575	106,741	1,417,932

*Fully Insured plans do not include government sponsored plans.

**Other Enrollment represents self-insured plans. (Does not include TPA self-funded plans)

Managed Care Organizations - 2024 Enrollment

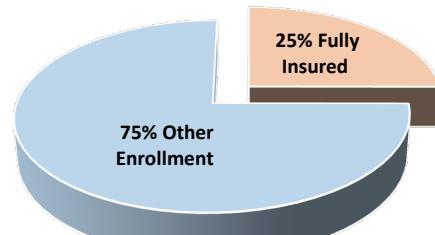
HMO

Aetna Health	52	238,545
Anthem	1	
Cigna	1	
ConnectiCare	3,425	
Oxford	2,303	

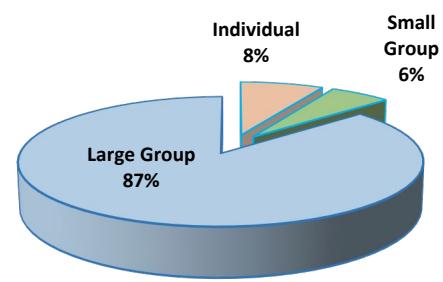
INDEMNITY

Aetna Life	270,349	
Anthem		852,594
Cigna H & L	349,614	
ConnectiCare Benefits	71,620	
ConnectiCare	27,478	
CT General	11	
Oxford Health	24,446	
United	59,136	

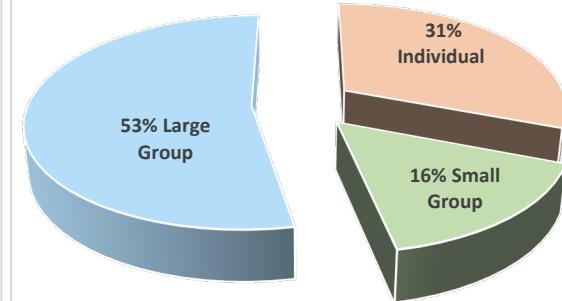
Enrollment Fully Insured vs. Other Enrollment



Plan Type



Percentage of Members in Fully Insured Plans



Member Satisfaction - Overall Satisfaction

HMO	0 through 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna Health	16.7%	16.7%	66.7%
Anthem	2.7%	18.8%	78.5%
Cigna	0.0%	0.0%	0.0%
ConnectiCare	20.0%	20.0%	60.0%
Oxford	8.2%	55.6%	36.2%

Indemnity	0 through 3 (Worst)	4 through 7	8 through 10 (Best)
Aetna Life	1.9%	28.6%	69.5%
Anthem	8.8%	26.3%	64.9%
Cigna H & L	6.2%	35.9%	57.9%
ConnectiCare Benefits	2.2%	26.1%	71.7%
ConnectiCare	6.9%	34.6%	58.5%
CT General	0.0%	0.0%	0.0%
Oxford Health	10.9%	44.2%	44.9%
United	10.1%	35.1%	54.8%

Member Satisfaction Survey – HMO

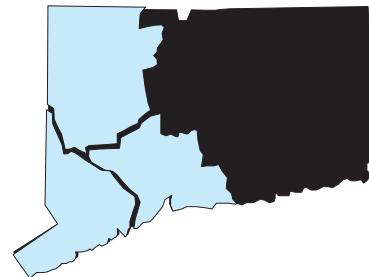
		Aetna Health	Anthem	Cigna	ConnectiCare	Oxford
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.		52%	1%	100%	5%	48%
Percentage of those surveyed who responded		14%	14%	0%	6%	3%
	Never	0.0%	4.1%	0.0%	0.0%	0.0%
Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Sometimes	0.0%	12.2%	0.0%	25.0%	29.4%
	Usually	25.0%	42.2%	0.0%	37.5%	23.5%
	Always	75.0%	41.5%	0.0%	37.5%	47.1%
	Never	0.0%	3.1%	0.0%	12.5%	5.0%
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?	Sometimes	25.0%	22.3%	0.0%	25.0%	25.0%
	Usually	50.0%	31.5%	0.0%	12.5%	40.0%
	Always	25.0%	43.1%	0.0%	50.0%	30.0%
	Never	0.0%	0.0%	0.0%	0.0%	16.7%
Q3) In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Sometimes	20.0%	8.3%	0.0%	14.3%	16.7%
	Usually	0.0%	31.7%	0.0%	28.6%	33.3%
	Always	80.0%	60.0%	0.0%	57.1%	33.3%
	Never	0.0%	0.0%	0.0%	0.0%	0.0%
Q4) In the last 12 months, how often was it easy to get care, tests or treatment, you needed?	Sometimes	16.7%	10.3%	0.0%	18.2%	12.5%
	Usually	33.3%	41.2%	0.0%	54.6%	54.2%
	Always	50.0%	48.5%	0.0%	27.3%	33.3%
	Never	0.0%	1.9%	0.0%	12.5%	7.7%
Q5) In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Sometimes	33.4%	14.8%	0.0%	12.5%	15.4%
	Usually	33.3%	35.2%	0.0%	37.5%	53.8%
	Always	33.3%	48.1%	0.0%	37.5%	23.1%

Member Satisfaction Survey – Indemnity

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	Oxford Health	United	
Percentage of Managed Care Plan members covered under contracts issued in Connecticut who were surveyed.	3%	<1%	2%	5%	9%	0%	9%	3%	
Percentage of those surveyed who responded	10%	11%	11%	15%	8%	0%	6%	7%	
Q1) In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?	Never	4.3%	6.8%	3.4%	9.7%	1.4%	0.0%	7.5%	3.0%
	Sometimes	21.5%	18.6%	19.5%	12.1%	12.2%	0.0%	18.9%	13.9%
	Usually	31.2%	41.5%	33.1%	29.8%	36.9%	0.0%	36.8%	35.6%
	Always	43.0%	33.1%	44.0%	48.4%	49.4%	0.0%	36.8%	47.5%
Q2) In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Never	5.0%	4.9%	5.3%	6.8%	0.8%	0.0%	3.5%	5.8%
	Sometimes	13.9%	16.8%	21.4%	19.6%	23.2%	0.0%	26.3%	15.5%
	Usually	41.6%	37.8%	30.5%	29.1%	25.6%	0.0%	28.9%	37.9%
	Always	39.6%	40.6%	42.8%	44.6%	50.4%	0.0%	41.3%	40.8%
Q3) In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	Never	0.0%	2.6%	0.0%	5.7%	1.2%	0.0%	4.1%	5.1%
	Sometimes	10.7%	17.9%	20.9%	14.2%	6.8%	0.0%	28.6%	10.2%
	Usually	17.9%	32.1%	25.4%	23.6%	24.5%	0.0%	24.5%	28.8%
	Always	71.4%	47.4%	53.7%	56.6%	67.5%	0.0%	42.8%	55.9%
Q4) In the last 12 months, how often was it easy to get care, tests or treatment, you needed?	Never	0.0%	2.1%	2.3%	1.4%	1.7%	0.0%	4.3%	2.8%
	Sometimes	17.0%	15.1%	9.8%	13.0%	24.7%	0.0%	19.1%	13.6%
	Usually	43.4%	47.9%	43.2%	42.0%	29.4%	0.0%	38.3%	39.1%
	Always	39.6%	34.9%	44.7%	43.5%	44.2%	0.0%	38.3%	44.5%
Q5) In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	2.2%	9.1%	7.1%	26.1%	10.4%	0.0%	6.7%	7.3%
	Sometimes	33.3%	20.0%	16.1%	21.8%	23.7%	0.0%	28.9%	30.9%
	Usually	20.0%	29.1%	25.0%	18.5%	15.0%	0.0%	26.6%	30.9%
	Always	44.4%	41.8%	51.8%	33.6%	50.9%	0.0%	37.8%	30.9%

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	650	4,048	6	155	740	4,631	5	172	127	874	3	34
Anthem	1,120	2,382	7	155	1,267	3,556	5	172	144	301	2	34
Cigna	1,519	7,329	6	163	1,059	4,045	6	188	114	291	2	35
ConnectiCare	715	1,156	4	161	905	1,732	5	171	50	76	2	34
Oxford	744	2,992	6	175	823	3,923	6	186	172	715	3	41

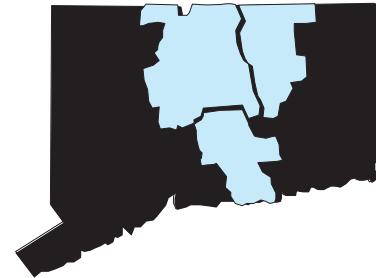
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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

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

Health Maintenance Organization

Number of Providers Located in Each Connecticut County



HMO

	Hartford County				Tolland County				Middlesex County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Health	718	4,316	7	171	0	616	2	23	136	868	1	36
Anthem	1,291	2,979	7	171	124	274	2	23	218	387	1	36
Cigna	1,414	6,058	7	179	66	117	2	24	173	320	1	37
ConnectiCare	857	2,286	6	165	35	25	2	24	83	97	1	42
Oxford	732	2,884	6	180	71	300	2	24	164	492	1	41

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

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

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

Health Maintenance Organization

Number of Providers Located in Each Connecticut County



HMO

	New London County				Windham County				Totals For All Counties			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Health	150	1,175	2	50	83	409	2	24	2,679	16,937	28	665
Anthem	257	585	2	50	131	229	2	24	4,552	10,693	28	665
Cigna	249	796	2	54	52	218	2	23	4,646	19,174	28	703
ConnectiCare	119	253	2	54	43	53	2	22	2,807	5,678	24	673
Oxford	178	976	2	57	101	373	2	24	2,985	12,655	28	728

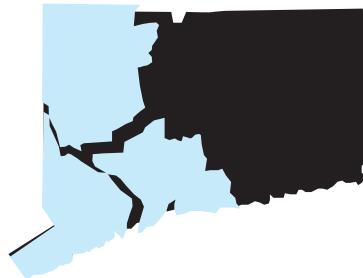
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/ GYN physicians are not considered to be primary care physicians for this tabulation.

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

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

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County



Indemnity Managed Care Organization

	Fairfield County				New Haven County				Litchfield County			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Life	650	4,048	6	155	740	4,631	5	155	127	874	3	34
Anthem	1,132	2,387	7	155	1,272	3,557	5	155	144	300	2	34
Cigna H & L	1,576	7,264	6	165	1,099	4,048	6	165	119	268	2	41
ConnectiCare Benefits	917	2,044	4	161	845	1,536	5	161	50	76	2	34
ConnectiCare	715	1,156	4	161	905	1,732	5	161	50	76	2	34
CT General	1,576	7,264	6	165	1,099	4,048	6	165	119	268	2	41
Oxford Health	744	2,992	6	175	823	3,923	6	175	172	715	3	41
United	744	2,992	6	175	823	3,923	6	175	172	715	3	41

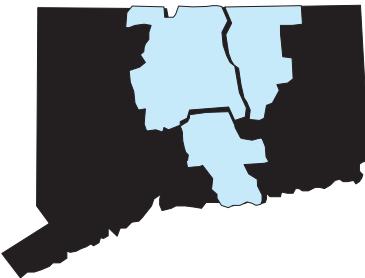
Primary care physicians are defined as physicians practicing General Internal Medicine, General Practice, Family Practice, and General Pediatrics. OB/GYN physicians are not considered to be primary care physicians for this tabulation.

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

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

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County



Indemnity Managed Care Organization

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	718	4,316	7	171	75	616	2	23	136	868	1	36
Anthem	1,298	2,986	7	171	124	274	2	23	218	387	1	36
Cigna H & L	1,525	6,015	7	178	60	100	2	24	178	306	1	38
ConnectiCare Benefits	708	1,522	6	165	35	24	2	24	83	93	1	42
ConnectiCare	857	2,286	6	165	35	25	2	24	83	97	1	42
CT General	1,525	6,015	7	178	60	100	2	24	178	306	1	38
Oxford Health	732	2,884	6	180	71	300	2	24	164	492	1	41
United	732	2,884	6	180	71	300	2	24	164	492	1	41

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

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

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

Indemnity Managed Care Organizations

Number of Providers Located in Each Connecticut County



Indemnity Managed Care Organization

	New London County				Windham County				Totals For All Counties			
	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies	Primary Care Physicians	Physician Specialists	Hospitals	Pharmacies
Aetna Life	150	1,175	2	50	83	409	2	24	2,679	16,937	28	665
Anthem	259	589	2	50	131	231	2	24	4,578	10,711	28	665
Cigna H & L	248	775	2	53	93	200	2	23	4,898	18,976	28	712
ConnectiCare Benefits	119	233	2	54	43	49	2	22	2,800	5,577	24	673
ConnectiCare	119	253	2	54	43	53	2	22	2,807	5,678	24	673
CT General	248	775	2	53	93	200	2	23	4,898	18,976	28	712
Oxford Health	178	976	2	57	101	373	2	24	2,985	12,655	28	728
United	178	976	2	57	101	373	2	24	2,985	12,655	28	728

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

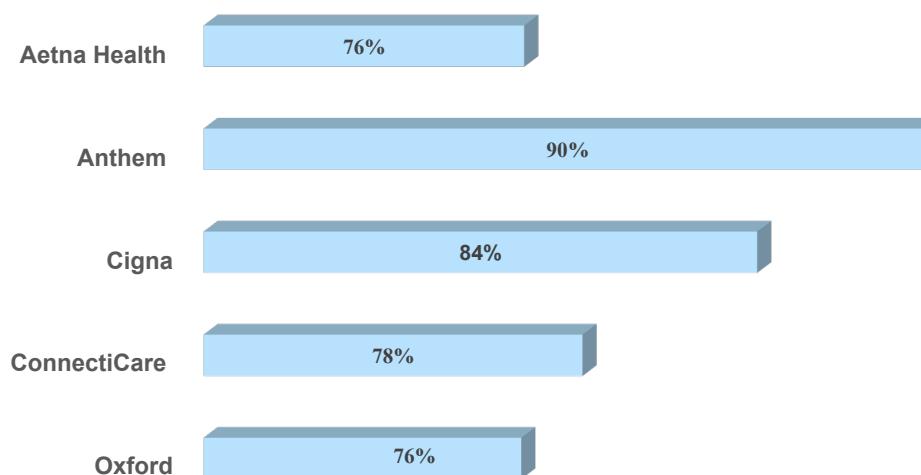
Listed above are the total number of primary care physicians, physician specialists, hospitals, and pharmacies for each MCO provider network in New London and Windham counties. If an individual physician practices in more than one office, the physician is counted once. Physicians who practice in more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

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

Medical Measures / Usage - Health Maintenance Organizations

Breast Cancer Screening

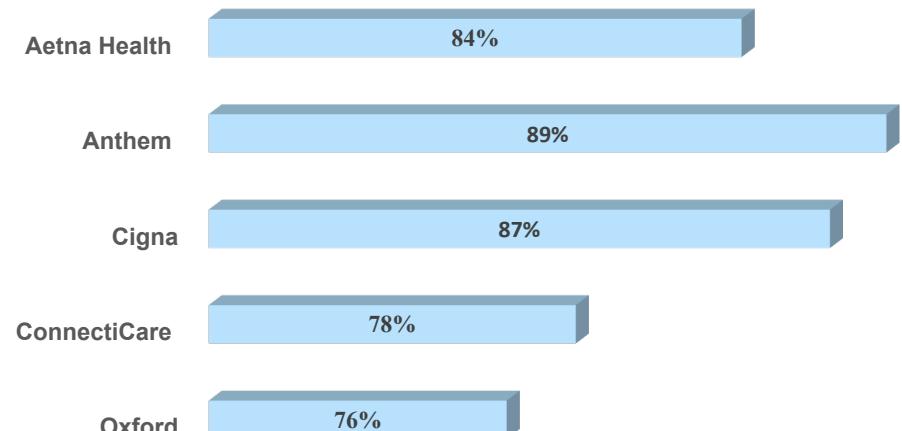
The percentage of members who: (a) were age 52 through 74 years as of December 31, 2024; and (b) were continuously enrolled from October 1, 2022, through December 31, 2024; and (c) had 1 or more mammogram between October 1, 2022, and December 31, 2024.



Cervical Cancer Screening

The percentage of members who were age 24 through 64 years as of December 31, 2024; and were recommended for routine cervical cancer screening; and who received any of the following:

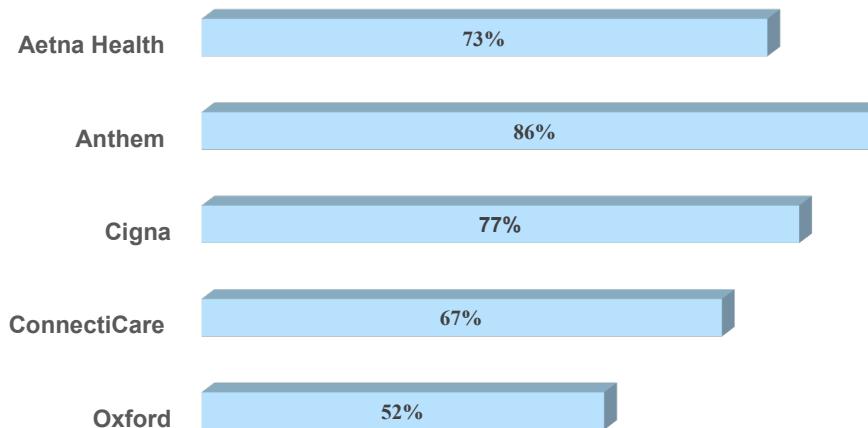
- a) a member age 21-64, who had cervical cytology performed within the past 3 years,
- b) a member age 30-64, who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years,
- c) a member age 30-64, who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.



Medical Measures / Usage - Health Maintenance Organizations

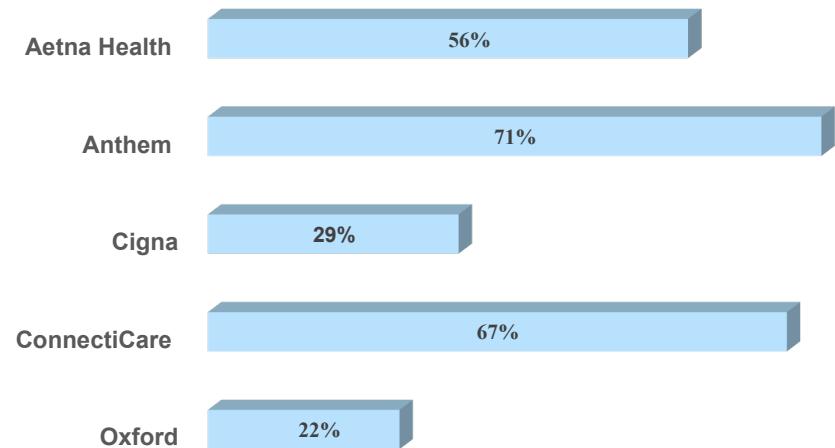
Colorectal Cancer Screening

The percentage of members 46-75 years as of December 31, 2024, who were continuously enrolled during 2023 and 2024, 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 2024, (b) flexible sigmoidoscopy during 2024 or the 4 years prior, (c) colonoscopy during 2024 or the 9 years prior, (d) CT colonography during 2024 or the 4 years prior, (e) FIT-SDNA test during 2024 or the 2 years prior.



Controlling High Blood Pressure

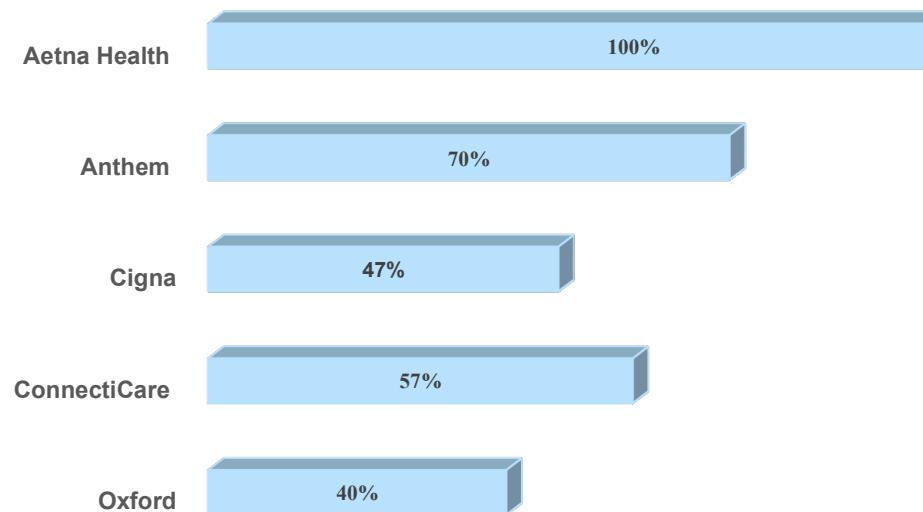
The percentage of members 18-85 years as of December 31, 2024, who were continuously enrolled during 2024, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled (<140/90 mm Hg) during 2024.



Medical Measures / Usage - Health Maintenance Organizations

Childhood Immunizations

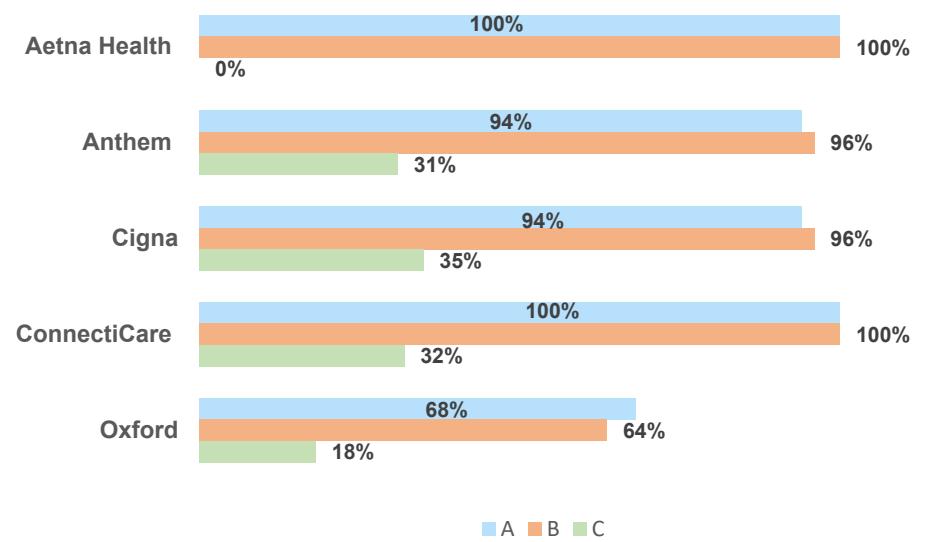
The percentage of enrolled children who: (a) turned two years old during 2024; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, hepatitis a, influenza, and rotavirus are included in this measure.



Immunizations for Adolescents

The percentage of members who turned 13 years of age during 2024, who were continuously enrolled 12 months prior to their 13th birthday, who:

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

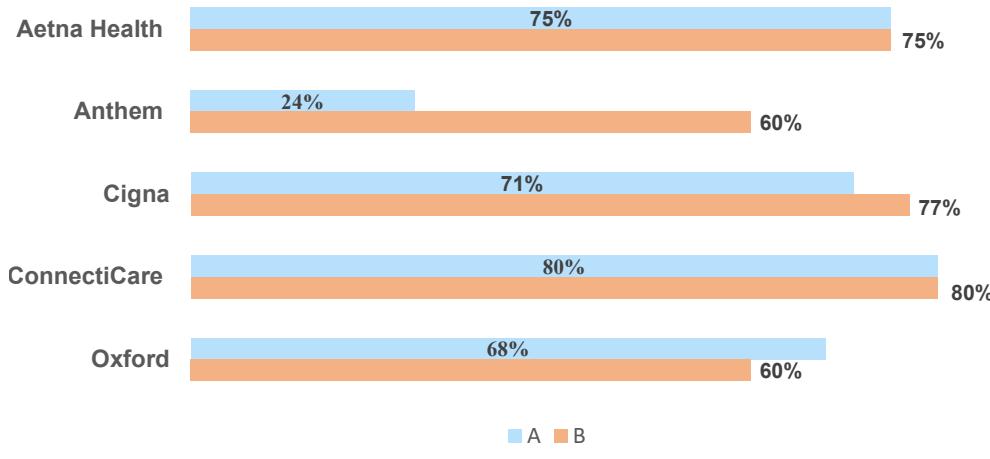


Medial Measures / Usage - Health Maintenance Organizations

Prenatal Care in the First Trimester & Postpartum Care Following Delivery

The percentage of enrolled members who: delivered a live birth on or between October 8, 2023, and October 7, 2024; and were continuously enrolled for 43 days prior to delivery through 60 days after delivery; and

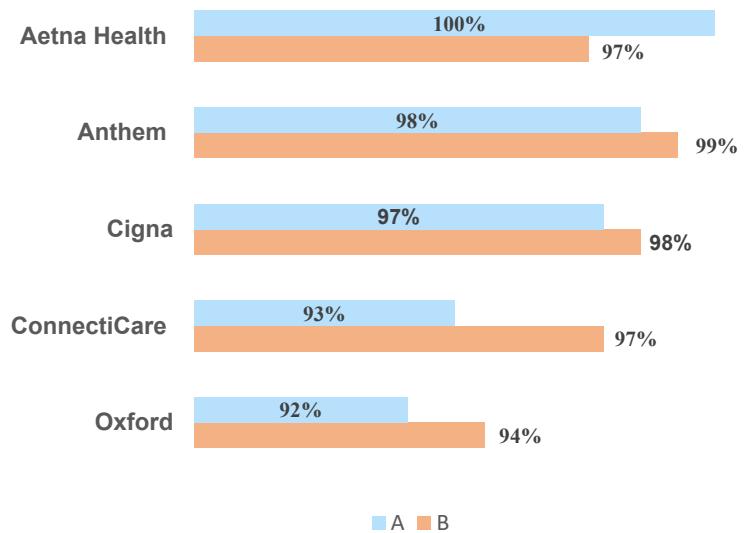
- (A) had at least one prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the Managed Care Organization.
- (B) had a postpartum visit on or between 7 and 84 days after delivery.



Adult Access to Preventive and Ambulatory Health Services

The percentage of members who were continuously enrolled in the plan during 2022, 2023 and 2024; and had at least one ambulatory or preventive care visit in 2022, 2023 or 2024; that

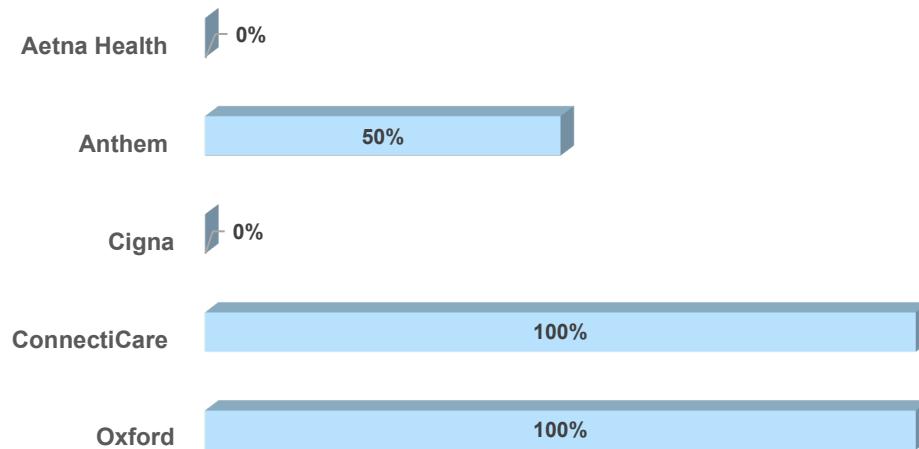
- (A) were age 20-44 as of December 31, 2024.
- (B) were age 45–64 as of December 31, 2024.



Medical Measures / Usage - Health Maintenance Organizations

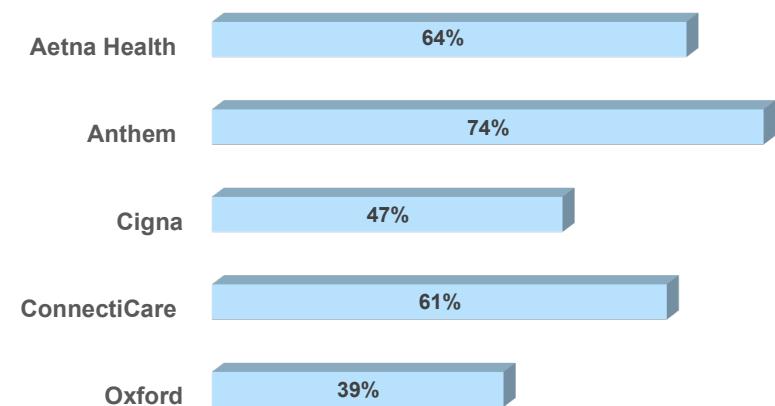
Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 18 years and older as of December 31, 2024 and (b) were hospitalized and discharged between July 1, 2023 and June 30, 2024; and (c) were continuously enrolled from the discharge date through 179 days after the discharge; and (d) had a diagnosis of Acute Myocardial Infarction (AMI); and (e) received persistent beta-blocker treatment for 6 months after discharge.



Eye Exams for People with Diabetes

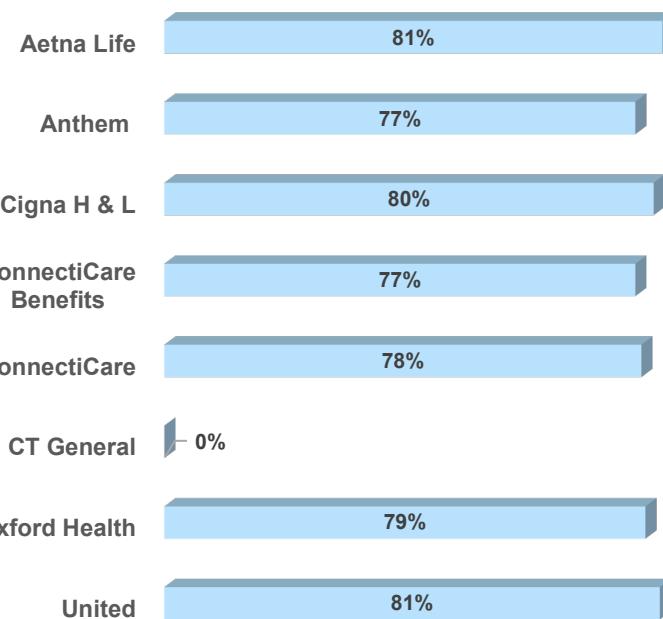
The percentage of all members with diabetes (type II and I) who were enrolled on December 31, 2024; and were 18 through 75 years of age during 2024; and who had a retinal eye examination in 2024.



Medical Measures / Usage - Indemnity Managed Care Organizations

Breast Cancer Screening

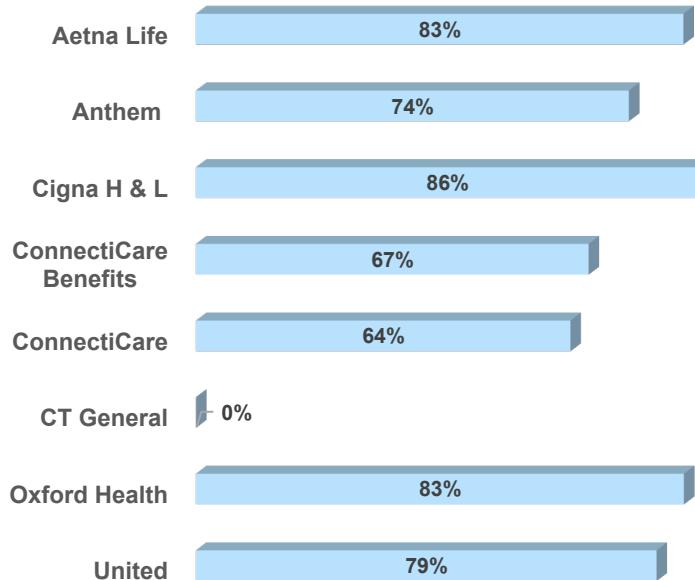
The percentage of members who: (a) were age 52 through 74 years as of December 31, 2024; and (b) were continuously enrolled from October 1, 2022, through December 31, 2024; and (c) had 1 or more mammogram between October 1, 2022, and December 31, 2024.



Cervical Cancer Screening

The percentage of members who were age 24 through 64 years as of December 31, 2024; and were continuously enrolled during 2022, 2023, 2024; and who received any of the following:

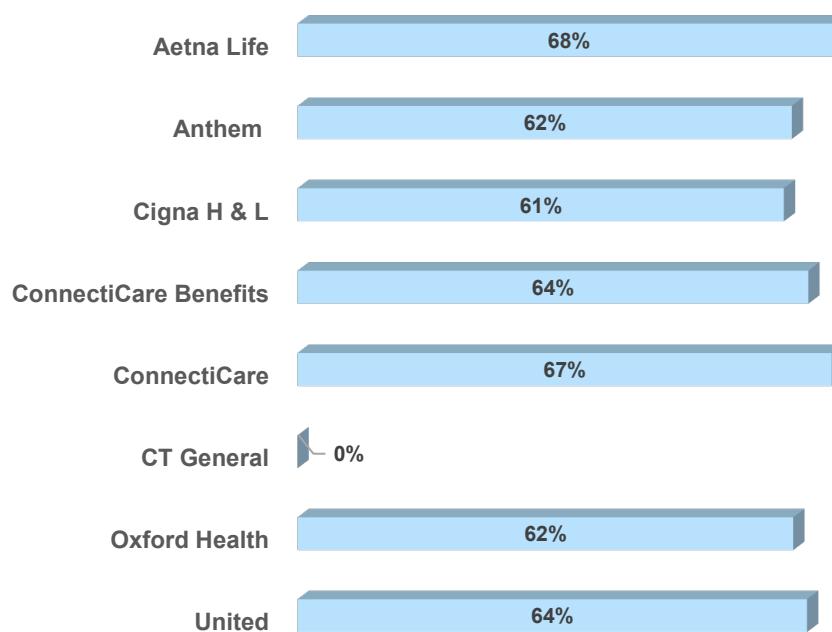
- a) a member age 21-64, who had cervical cytology performed during 2022, 2023 or 2024,
- b) a member age 30-64, who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years,
- c) a member age 30-64, who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.



Medical Measures / Usage - Indemnity Managed Care Organizations

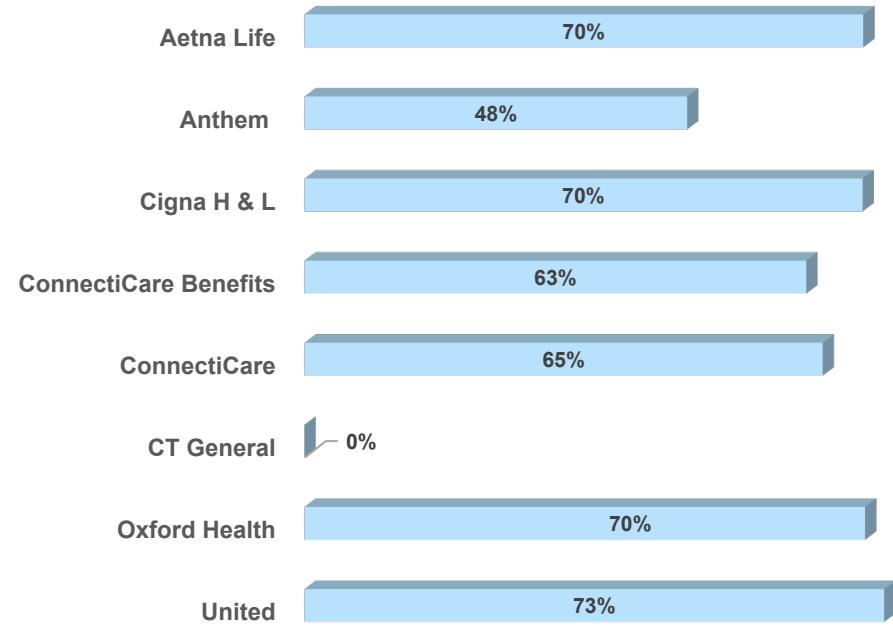
Colorectal Cancer Screening

The percentage of members 46-75 years as of December 31, 2024, who were continuously enrolled during 2023 and 2024, 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 2024, (b) flexible sigmoidoscopy during 2024 or the 4 years prior, (c) colonoscopy during 2024 or the 9 years prior, (d) CT colonography during 2024 or the 4 years prior, (e) FIT-SDNA test during 2024 or the 2 years prior.



Controlling High Blood Pressure

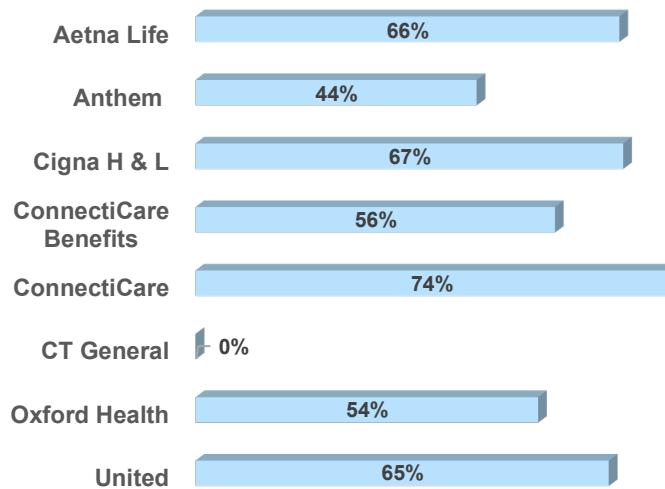
The percentage of members 18-85 years as of December 31, 2024, who were continuously enrolled during 2024, who were diagnosed with hypertension (HTN), whose blood pressure was adequately controlled (<140/90 mm Hg) during 2024.



Medical Measures / Usage - Indemnity Managed Care Organizations

Childhood Immunizations

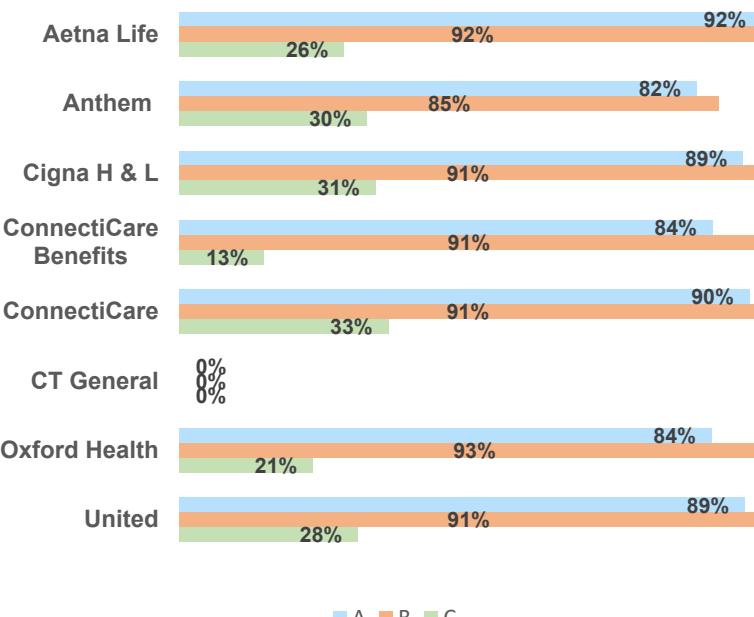
The percentage of enrolled children who: (a) turned two years old during 2024; and were continuously enrolled for the 12 months preceding their 2nd birthday; and have received recommended immunizations on or before the child's 2nd birthday. Immunizations for polio, measles, mumps, rubella, influenza type b, hepatitis b, diphtheria, tetanus, pertussis, chicken pox, pneumococcal, hepatitis a, influenza, and rotavirus are included in this measure.



Immunizations for Adolescents

The percentage of members who turned 13 years of age during 2024, who were continuously enrolled 12 months prior to their 13th birthday, who:

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

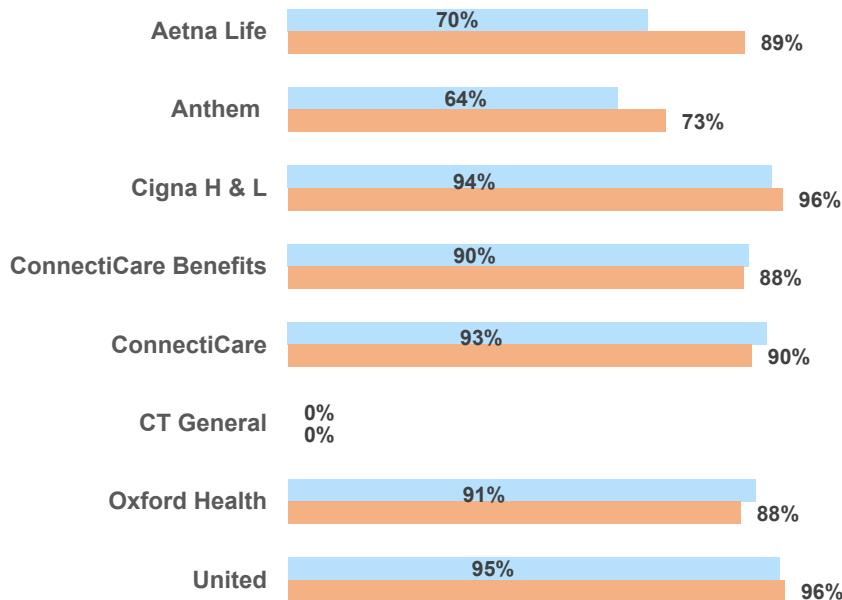


Medical Measures / Usage - Indemnity Managed Care Organizations

Prenatal Care in the First Trimester & Postpartum Care Following Delivery

The percentage of members who: delivered a live birth on or between October 8, 2023, and October 7, 2024; and were continuously enrolled for 43 days prior to delivery through 60 days after delivery; and

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

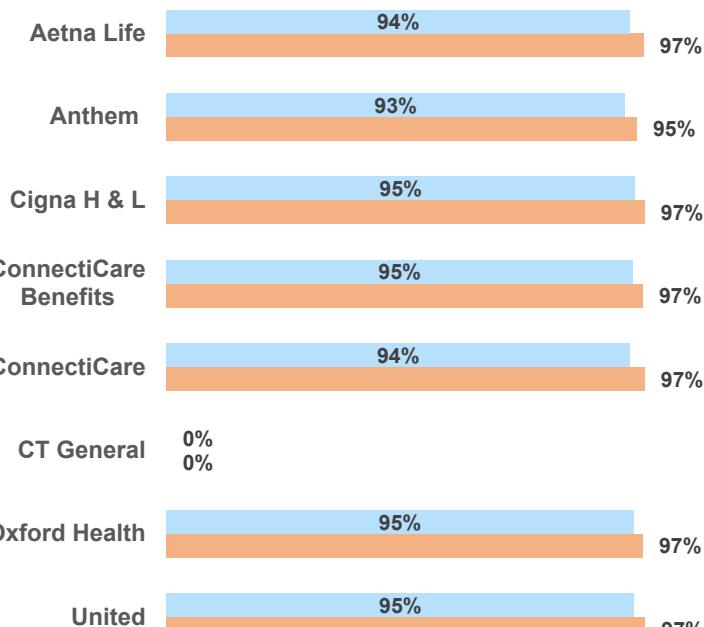


■ A ■ B

Adult Access to Preventive and Ambulatory Health Services

The percentage of members who were continuously enrolled in the plan during 2022, 2023 and 2024; and had at least one ambulatory or preventive care visit in 2022, 2023 or 2024; that

- (A) were age 20-44 as of December 31, 2024.
- (B) were age 45–64 as of December 31, 2024.

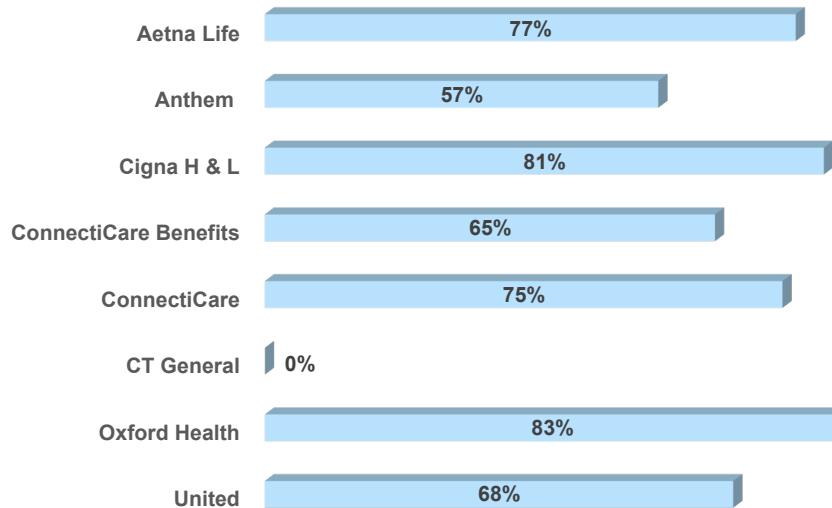


■ A ■ B

Medical Measures / Usage - Indemnity Managed Care Organizations

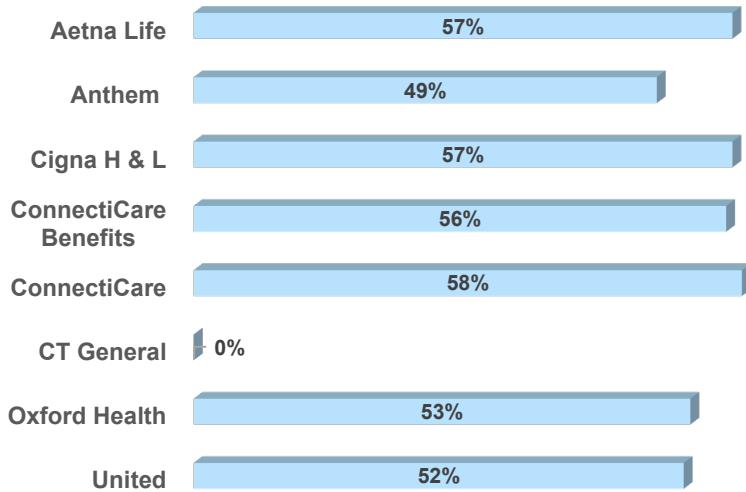
Beta Blocker Treatments after a Heart Attack

The percentage of all members who: (a) were age 18 years and older as of December 31, 2024; and (b) were hospitalized and discharged between July 1, 2023, and June 30, 2024; and (c) were continuously enrolled from the discharge date through 179 days after the discharge; and (d) had a diagnosis of Acute Myocardial Infarction (AMI); and (e) received persistent beta-blocker treatment for 6 months after discharge.



Eye Exams for People with Diabetes

The percentage of all members with diabetes (type II and I) who were enrolled on December 31, 2024; and (b) were 18 through 75 years of age during 2024; and (c) who had a retinal eye examination in 2024.



Utilization Review Savings Estimates

	Prior Authorizations:		Other Utilization Review Protocols:		% of Benefits requiring Prior Authorization
	Total Savings for the Year	Savings on a per member per month basis	Total Savings for the Year	Savings on a per member per month basis	
HMO's					
Aetna Health	-\$1,555.00	-\$1.64	N/A	N/A	13%
Anthem	\$12,077,250.62	\$60.69	\$1,109,489.00	\$5.58	4%
Cigna	\$67.08	\$2.58	\$55.38	\$2.53	13%
ConnectiCare	\$1,675,884.00	\$37.10	\$0.00	\$0.00	32%
Oxford	\$324,880.00	\$11.91	\$166,698.00	\$6.11	38%
Indemnity					
Aetna Life	\$7,164,790.00	\$10.95	\$2,882,395.00	\$4.41	14%
Anthem	\$110,845,065.55	\$72.13	\$8,598,950.00	\$5.60	3%
Cigna H & L	\$6,308,666.00	\$13.57	\$990,232.76	\$2.13	13%
ConnectiCare Benefits	\$28,242,609.00	\$32.95	\$0.00	\$0.00	32%
ConnectiCare	\$7,721,138.00	\$33.62	\$0.00	\$0.00	32%
CT General	\$1,967.65	\$13.57	\$308.85	\$2.13	13%
Oxford Health	\$3,759,868.00	\$12.99	\$2,535,673.00	\$8.76	38%
United	\$5,967,094.00	\$9.07	\$4,983,650.00	\$7.58	38%

Utilization Review Data – 2024 (Percentage of benefits which require Prior Authorization – 13%)

HMO- Aetna Health

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	674	55	729
1. Based on Medical Necessity	618	53	671
2. Based on anything other than Medical Necessity	56	2	58
B. The total number of UR requests in A, that were denied*.	263	19	282
1. Based on Medical Necessity	207	17	224
2. Based on anything other than Medical Necessity	56	2	58
The Percentage of UR requests that were denied* based on A.	39%	35%	39%
1. Based on Medical Necessity	33%	32%	33%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of denials in B above that were appealed.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
D. The total number of appeals in C, that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in C that were upheld on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
F. The number of appeals in E that went to external appeal (through CID)	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2024 (Percentage of benefits which require Prior Authorization – 4%)

HMO - Anthem

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	61,168	581	61,749
1. Based on Medical Necessity	59,927	577	60,504
2. Based on anything other than Medical Necessity	1,241	4	1,245
B. The total number of UR requests in A, that were denied*.	14,111	47	14,158
1. Based on Medical Necessity	14,027	44	14,071
2. Based on anything other than Medical Necessity	84	3	87
The Percentage of UR requests that were denied* based on A.	23%	8%	23%
1. Based on Medical Necessity	23%	8%	23%
2. Based on anything other than Medical Necessity	7%	75%	7%
C. The total number of denials in B above that were appealed.	159	18	177
1. Based on Medical Necessity	150	18	168
2. Based on anything other than Medical Necessity	9	0	9
The Percentage of denials in B above that were appealed.	1%	38%	1%
1. Based on Medical Necessity	1%	41%	1%
2. Based on anything other than Medical Necessity	11%	0%	10%
D. The total number of appeals in C, that were reversed on appeal.	58	3	61
1. Based on Medical Necessity	54	3	57
2. Based on anything other than Medical Necessity	4	0	4
The Percentage of appeals that were reversed on appeal.	36%	17%	34%
1. Based on Medical Necessity	36%	17%	34%
2. Based on anything other than Medical Necessity	44%	0%	44%
E. The total number of appeals in C that were upheld on appeal.	101	15	116
1. Based on Medical Necessity	96	15	111
2. Based on anything other than Medical Necessity	5	0	5
The Percentage of appeals in C that were upheld on appeal.	64%	83%	66%
1. Based on Medical Necessity	64%	83%	66%
2. Based on anything other than Medical Necessity	56%	0%	56%
F. The number of appeals in E that went to external appeal (through CID)	16	1	17
1. Based on Medical Necessity	16	1	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)	16%	7%	15%
1. Based on Medical Necessity	17%	7%	15%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	6	0	6
1. Based on Medical Necessity	6	0	6
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	38%	0%	35%
1. Based on Medical Necessity	38%	0%	35%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2024 (Percentage of benefits which require Prior Authorization – 13%)

HMO - Cigna

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

Utilization Review Data – 2024 (Percentage of benefits which require Prior Authorization – 32%)

HMO - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	2,008	122	2,130
1. Based on Medical Necessity	1,969	122	2,091
2. Based on anything other than Medical Necessity	39	0	39
B. The total number of UR requests in A, that were denied*.	423	2	425
1. Based on Medical Necessity	384	2	386
2. Based on anything other than Medical Necessity	39	0	39
The Percentage of UR requests that were denied* based on A.	21%	2%	20%
1. Based on Medical Necessity	20%	2%	18%
2. Based on anything other than Medical Necessity	100%	0%	100%
C. The total number of denials in B above that were appealed.	49	1	50
1. Based on Medical Necessity	46	1	47
2. Based on anything other than Medical Necessity	3	0	3
The Percentage of denials in B above that were appealed.	12%	50%	12%
1. Based on Medical Necessity	12%	50%	12%
2. Based on anything other than Medical Necessity	8%	0%	8%
D. The total number of appeals in C, that were reversed on appeal.	40	1	41
1. Based on Medical Necessity	40	1	41
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	82%	100%	82%
1. Based on Medical Necessity	87%	100%	87%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	9	0	9
1. Based on Medical Necessity	6	0	6
2. Based on anything other than Medical Necessity	3	0	3
The Percentage of appeals in C that were upheld on appeal.	18%	0%	18%
1. Based on Medical Necessity	13%	0%	13%
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	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	11%	0%	11%
1. Based on Medical Necessity	17%	0%	17%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	100%	0%	100%
1. Based on Medical Necessity	100%	0%	100%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2024 (Percentage of benefits which require Prior Authorization – 38%)

HMO - Oxford	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	1,712	31	1,743
1. Based on Medical Necessity	1,610	26	1,636
2. Based on anything other than Medical Necessity	102	5	107
B. The total number of UR requests in A, that were denied*.	349	21	370
1. Based on Medical Necessity	345	16	361
2. Based on anything other than Medical Necessity	4	5	9
The Percentage of UR requests that were denied* based on A.	20%	68%	21%
1. Based on Medical Necessity	21%	62%	22%
2. Based on anything other than Medical Necessity	4%	100%	8%
C. The total number of denials in B above that were appealed.	44	3	47
1. Based on Medical Necessity	44	3	47
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of denials in B above that were appealed.	13%	14%	13%
1. Based on Medical Necessity	13%	19%	13%
2. Based on anything other than Medical Necessity	0%	0%	0%
D. The total number of appeals in C, that were reversed on appeal.	25	1	26
1. Based on Medical Necessity	25	1	26
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	57%	33%	55%
1. Based on Medical Necessity	57%	33%	55%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	19	2	21
1. Based on Medical Necessity	19	2	21
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in C that were upheld on appeal.	43%	67%	45%
1. Based on Medical Necessity	43%	67%	45%
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)	1	0	1
1. Based on Medical Necessity	1	0	1
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	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 in F that were reversed on appeal.	0	0	0
1. Based on Medical Necessity	0	0	0
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	0%	0%	0%
1. Based on Medical Necessity	0%	0%	0%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2024 (Percentage of benefits which require Prior Authorization – 14%)

Indemnity - Aetna Life

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	19,295	1,061	20,356
1. Based on Medical Necessity	18,304	1,054	19,358
2. Based on anything other than Medical Necessity	991	7	998
B. The total number of UR requests in A, that were denied*.	5,097	283	5,380
1. Based on Medical Necessity	4,112	276	4,388
2. Based on anything other than Medical Necessity	985	7	992
The Percentage of UR requests that were denied* based on A.	26%	27%	26%
1. Based on Medical Necessity	22%	26%	23%
2. Based on anything other than Medical Necessity	99%	100%	99%
C. The total number of denials in B above that were appealed.	130	5	135
1. Based on Medical Necessity	122	5	127
2. Based on anything other than Medical Necessity	8	0	8
The Percentage of denials in B above that were appealed.	3%	2%	3%
1. Based on Medical Necessity	3%	2%	3%
2. Based on anything other than Medical Necessity	1%	0%	1%
D. The total number of appeals in C, that were reversed on appeal.	59	4	63
1. Based on Medical Necessity	59	4	63
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	45%	80%	47%
1. Based on Medical Necessity	48%	80%	50%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	71	1	72
1. Based on Medical Necessity	63	1	64
2. Based on anything other than Medical Necessity	8	0	8
The Percentage of appeals in C that were upheld on appeal.	55%	20%	53%
1. Based on Medical Necessity	52%	20%	50%
2. Based on anything other than Medical Necessity	100%	0%	100%
F. The number of appeals in E that went to external appeal (through CID)	8	1	9
1. Based on Medical Necessity	8	1	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)	11%	100%	13%
1. Based on Medical Necessity	13%	100%	14%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	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 external appeals in F that were reversed on appeal.	50%	100%	56%
1. Based on Medical Necessity	50%	100%	56%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2024 (Percentage of benefits which require Prior Authorization – 3%)

Indemnity - Anthem	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	263,916	5,196	269,112
1. Based on Medical Necessity	256,901	5,156	262,057
2. Based on anything other than Medical Necessity	7,015	40	7,055
B. The total number of UR requests in A, that were denied*.	30,675	401	31,076
1. Based on Medical Necessity	30,246	361	30,607
2. Based on anything other than Medical Necessity	429	40	469
The Percentage of UR requests that were denied* based on A.	12%	8%	12%
1. Based on Medical Necessity	12%	7%	12%
2. Based on anything other than Medical Necessity	6%	100%	7%
C. The total number of denials in B above that were appealed.	1,488	94	1,582
1. Based on Medical Necessity	1,453	94	1,547
2. Based on anything other than Medical Necessity	35	0	35
The Percentage of denials in B above that were appealed.	5%	23%	5%
1. Based on Medical Necessity	5%	26%	5%
2. Based on anything other than Medical Necessity	8%	0%	7%
D. The total number of appeals in C, that were reversed on appeal.	405	17	422
1. Based on Medical Necessity	390	17	407
2. Based on anything other than Medical Necessity	15	0	15
The Percentage of appeals that were reversed on appeal.	27%	18%	27%
1. Based on Medical Necessity	27%	18%	26%
2. Based on anything other than Medical Necessity	43%	0%	43%
E. The total number of appeals in C that were upheld on appeal.	1,083	77	1,160
1. Based on Medical Necessity	1,063	77	1,140
2. Based on anything other than Medical Necessity	20	0	20
The Percentage of appeals in C that were upheld on appeal.	73%	82%	73%
1. Based on Medical Necessity	73%	82%	74%
2. Based on anything other than Medical Necessity	57%	0%	57%
F. The number of appeals in E that went to external appeal (through CID)	115	6	121
1. Based on Medical Necessity	115	6	121
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	11%	8%	10%
1. Based on Medical Necessity	11%	8%	11%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	54	2	56
1. Based on Medical Necessity	54	2	56
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	47%	33%	46%
1. Based on Medical Necessity	47%	33%	46%
2. Based on anything other than Medical Necessity	0%	0%	0%

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

Indemnity - Cigna H & L

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	25,286	1,622	26,908
1. Based on Medical Necessity	24,846	1,621	26,467
2. Based on anything other than Medical Necessity	440	1	441
B. The total number of UR requests in A, that were denied*.	5,238	96	5,334
1. Based on Medical Necessity	4,798	95	4,893
2. Based on anything other than Medical Necessity	440	1	441
The Percentage of UR requests that were denied* based on A.	21%	6%	20%
1. Based on Medical Necessity	19%	6%	18%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	1,086	18	1,104
1. Based on Medical Necessity	1,051	18	1,069
2. Based on anything other than Medical Necessity	35	0	35
The Percentage of denials in B above that were appealed.	21%	19%	21%
1. Based on Medical Necessity	22%	19%	22%
2. Based on anything other than Medical Necessity	8%	0%	8%
D. The total number of appeals in C, that were reversed on appeal.	545	4	549
1. Based on Medical Necessity	512	4	516
2. Based on anything other than Medical Necessity	33	0	33
The Percentage of appeals that were reversed on appeal.	50%	22%	50%
1. Based on Medical Necessity	49%	22%	48%
2. Based on anything other than Medical Necessity	94%	0%	94%
E. The total number of appeals in C that were upheld on appeal.	541	14	555
1. Based on Medical Necessity	539	14	553
2. Based on anything other than Medical Necessity	2	0	2
The Percentage of appeals in C that were upheld on appeal.	50%	78%	50%
1. Based on Medical Necessity	51%	78%	52%
2. Based on anything other than Medical Necessity	6%	0%	6%
F. The number of appeals in E that went to external appeal (through CID)	19	0	19
1. Based on Medical Necessity	19	0	19
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	4%	0%	3%
1. Based on Medical Necessity	4%	0%	3%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	9	0	9
1. Based on Medical Necessity	9	0	9
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F 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%

Utilization Review Data – 2024 (Percentage of benefits which require Prior Authorization – 32%)

Indemnity - ConnectiCare Benefits	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	40,019	3,113	43,132
1. Based on Medical Necessity	39,406	3,100	42,506
2. Based on anything other than Medical Necessity	613	13	626
B. The total number of UR requests in A, that were denied*.	8,333	59	8,392
1. Based on Medical Necessity	7,720	46	7,766
2. Based on anything other than Medical Necessity	613	13	626
The Percentage of UR requests that were denied* based on A.	21%	2%	19%
1. Based on Medical Necessity	20%	1%	18%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	803	4	807
1. Based on Medical Necessity	767	4	771
2. Based on anything other than Medical Necessity	36	0	36
The Percentage of denials in B above that were appealed.	10%	7%	10%
1. Based on Medical Necessity	10%	9%	10%
2. Based on anything other than Medical Necessity	6%	0%	6%
D. The total number of appeals in C, that were reversed on appeal.	628	1	629
1. Based on Medical Necessity	627	1	628
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals that were reversed on appeal.	78%	25%	78%
1. Based on Medical Necessity	82%	25%	81%
2. Based on anything other than Medical Necessity	3%	0%	3%
E. The total number of appeals in C that were upheld on appeal.	175	3	178
1. Based on Medical Necessity	140	3	143
2. Based on anything other than Medical Necessity	35	0	35
The Percentage of appeals in C that were upheld on appeal.	22%	75%	22%
1. Based on Medical Necessity	18%	75%	19%
2. Based on anything other than Medical Necessity	97%	0%	97%
F. The number of appeals in E that went to external appeal (through CID)	7	0	7
1. Based on Medical Necessity	6	0	6
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of appeals in E that went to external appeal. (through CID)	4%	0%	4%
1. Based on Medical Necessity	4%	0%	4%
2. Based on anything other than Medical Necessity	3%	0%	3%
G. The total number of external appeals in F that were reversed on appeal.	3	0	3
1. Based on Medical Necessity	3	0	3
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	43%	0%	43%
1. Based on Medical Necessity	50%	0%	50%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2024 (Percentage of benefits which require Prior Authorization – 32%)

Indemnity - ConnectiCare	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	8,987	1,007	9,994
1. Based on Medical Necessity	8,777	997	9,774
2. Based on anything other than Medical Necessity	210	10	220
B. The total number of UR requests in A, that were denied*.	1,714	33	1,747
1. Based on Medical Necessity	1,504	23	1,527
2. Based on anything other than Medical Necessity	210	10	220
The Percentage of UR requests that were denied* based on A.	19%	3%	17%
1. Based on Medical Necessity	17%	2%	16%
2. Based on anything other than Medical Necessity	100%	100%	100%
C. The total number of denials in B above that were appealed.	257	6	263
1. Based on Medical Necessity	239	4	243
2. Based on anything other than Medical Necessity	18	2	20
The Percentage of denials in B above that were appealed.	15%	18%	15%
1. Based on Medical Necessity	16%	17%	16%
2. Based on anything other than Medical Necessity	9%	20%	9%
D. The total number of appeals in C, that were reversed on appeal.	192	2	194
1. Based on Medical Necessity	192	1	193
2. Based on anything other than Medical Necessity	0	1	1
The Percentage of appeals that were reversed on appeal.	75%	33%	74%
1. Based on Medical Necessity	80%	25%	79%
2. Based on anything other than Medical Necessity	0%	50%	5%
E. The total number of appeals in C that were upheld on appeal.	65	4	69
1. Based on Medical Necessity	47	3	50
2. Based on anything other than Medical Necessity	18	1	19
The Percentage of appeals in C that were upheld on appeal.	25%	67%	26%
1. Based on Medical Necessity	20%	75%	21%
2. Based on anything other than Medical Necessity	100%	50%	95%
F. The number of appeals in E that went to external appeal (through CID)	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 in E that went to external appeal. (through CID)	8%	0%	7%
1. Based on Medical Necessity	9%	0%	8%
2. Based on anything other than Medical Necessity	6%	0%	5%
G. The total number of external appeals in F that were reversed on appeal.	2	0	2
1. Based on Medical Necessity	2	0	2
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	40%	0%	40%
1. Based on Medical Necessity	50%	0%	50%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2024 (Percentage of benefits which require Prior Authorization – 13%)

Indemnity - CT General

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

Utilization Review Data – 2024 (Percentage of benefits which require Prior Authorization – 38%)

Indemnity - Oxford Health

	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	16,372	332	16,704
1. Based on Medical Necessity	15,509	330	15,839
2. Based on anything other than Medical Necessity	863	2	865
B. The total number of UR requests in A, that were denied*.	3,520	112	3,632
1. Based on Medical Necessity	3,516	110	3,626
2. Based on anything other than Medical Necessity	4	2	6
The Percentage of UR requests that were denied* based on A.	22%	34%	22%
1. Based on Medical Necessity	23%	33%	23%
2. Based on anything other than Medical Necessity	0%	100%	1%
C. The total number of denials in B above that were appealed.	303	3	306
1. Based on Medical Necessity	302	2	304
2. Based on anything other than Medical Necessity	1	1	2
The Percentage of denials in B above that were appealed.	9%	3%	8%
1. Based on Medical Necessity	9%	2%	8%
2. Based on anything other than Medical Necessity	25%	50%	33%
D. The total number of appeals in C, that were reversed on appeal.	164	1	165
1. Based on Medical Necessity	164	1	165
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals that were reversed on appeal.	54%	33%	54%
1. Based on Medical Necessity	54%	50%	54%
2. Based on anything other than Medical Necessity	0%	0%	0%
E. The total number of appeals in C that were upheld on appeal.	139	2	141
1. Based on Medical Necessity	138	1	139
2. Based on anything other than Medical Necessity	1	1	2
The Percentage of appeals in C that were upheld on appeal.	46%	67%	46%
1. Based on Medical Necessity	46%	50%	46%
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)	16	0	16
1. Based on Medical Necessity	16	0	16
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of appeals in E that went to external appeal. (through CID)	12%	0%	11%
1. Based on Medical Necessity	12%	0%	12%
2. Based on anything other than Medical Necessity	0%	0%	0%
G. The total number of external appeals in F that were reversed on appeal.	8	0	8
1. Based on Medical Necessity	8	0	8
2. Based on anything other than Medical Necessity	0	0	0
The Percentage of external appeals in F that were reversed on appeal.	50%	0%	50%
1. Based on Medical Necessity	50%	0%	50%
2. Based on anything other than Medical Necessity	0%	0%	0%

Utilization Review Data – 2024 (Percentage of benefits which require Prior Authorization – 38%)

Indemnity - United	Medical Requests	MH/SA Requests	Total Requests
A. The total number of utilization review requests.	17,845	1,763	19,608
1. Based on Medical Necessity	16,763	1,756	18,519
2. Based on anything other than Medical Necessity	1,082	7	1,089
B. The total number of UR requests in A, that were denied*.	6,999	307	7,306
1. Based on Medical Necessity	6,929	300	7,229
2. Based on anything other than Medical Necessity	70	7	77
The Percentage of UR requests that were denied* based on A.	39%	17%	37%
1. Based on Medical Necessity	41%	17%	39%
2. Based on anything other than Medical Necessity	6%	100%	7%
C. The total number of denials in B above that were appealed.	722	1	723
1. Based on Medical Necessity	706	1	707
2. Based on anything other than Medical Necessity	16	0	16
The Percentage of denials in B above that were appealed.	10%	0%	10%
1. Based on Medical Necessity	10%	0%	10%
2. Based on anything other than Medical Necessity	23%	0%	21%
D. The total number of appeals in C, that were reversed on appeal.	370	0	370
1. Based on Medical Necessity	364	0	364
2. Based on anything other than Medical Necessity	6	0	6
The Percentage of appeals that were reversed on appeal.	51%	0%	51%
1. Based on Medical Necessity	52%	0%	51%
2. Based on anything other than Medical Necessity	38%	0%	38%
E. The total number of appeals in C that were upheld on appeal.	352	1	353
1. Based on Medical Necessity	342	1	343
2. Based on anything other than Medical Necessity	10	0	10
The Percentage of appeals in C that were upheld on appeal.	49%	100%	49%
1. Based on Medical Necessity	48%	100%	49%
2. Based on anything other than Medical Necessity	63%	0%	63%
F. The number of appeals in E that went to external appeal (through CID)	29	0	29
1. Based on Medical Necessity	24	0	24
2. Based on anything other than Medical Necessity	5	0	5
The Percentage of appeals in E that went to external appeal. (through CID)	8%	0%	8%
1. Based on Medical Necessity	7%	0%	7%
2. Based on anything other than Medical Necessity	50%	0%	50%
G. The total number of external appeals in F that were reversed on appeal.	14	0	14
1. Based on Medical Necessity	13	0	13
2. Based on anything other than Medical Necessity	1	0	1
The Percentage of external appeals in F that were reversed on appeal.	48%	0%	48%
1. Based on Medical Necessity	54%	0%	54%
2. Based on anything other than Medical Necessity	20%	0%	20%

Fully Insured Behavioral Health Statistics for 2024

HMO - Aetna Health	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	0	0	0	0	53	0
Number of UR Requests Denied	0	0	0	0	17	0
Percentage of UR Requests that were Denied	0%	0%	0%	0%	32%	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	163	171	64	87	92	4
Number of UR Requests Denied	10	18	3	2	13	1
Percentage of UR Requests that were Denied	6%	11%	5%	2%	14%	25%
Number of Denials that were Appealed	5	11	1	1	0	0
Percentage of Denials that were Appealed	50%	61%	33%	50%	0%	0%
Number of Appeals that Reversed the decision	2	0	1	0	0	0
Percentage of Appeals that Reversed the decision	40%	0%	100%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	1	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	9%	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 2024

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

HMO - ConnectiCare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	37	22	14	18	29	2
Number of UR Requests Denied	1	1	0	0	0	0
Percentage of UR Requests that were Denied	3%	5%	0%	0%	0%	0%
Number of Denials that wereAppealed	0	0	0	0	1	0
Percentage of Denials that wereAppealed	0%	0%	0%	0%	0%	0%
Number of Appeals that Reversed the decision	0	0	0	0	1	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	100%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2024

HMO - Oxford	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	2	4	1	5	14	5
Number of UR Requests Denied	2	4	1	5	4	5
Percentage of UR Requests that were Denied	100%	100%	100%	100%	29%	100%
Number of Denials that wereAppealed	0	2	0	0	0	1
Percentage of Denials that wereAppealed	0%	50%	0%	0%	0%	20%
Number of Appeals that Reversed the decision	0	1	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	50%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Indemnity - Aetna Life	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	89	30	46	1	857	31
Number of UR Requests Denied	1	9	3	0	256	7
Percentage of UR Requests that were Denied	1%	30%	7%	0%	30%	23%
Number of Denials that wereAppealed	0	0	0	0	5	0
Percentage of Denials that wereAppealed	0%	0%	0%	0%	2%	0%
Number of Appeals that Reversed the decision	0	0	0	0	4	0
Percentage of Appeals that Reversed the decision	0%	0%	0%	0%	80%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	1	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	100%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	1	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	100%	0%

Fully Insured Behavioral Health Statistics for 2024

Indemnity - Anthem	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	1,227	1,866	636	916	544	7
Number of UR Requests Denied	28	216	45	42	70	0
Percentage of UR Requests that were Denied	2%	12%	7%	5%	13%	0%
Number of Denials that wereAppealed	11	69	2	9	2	1
Percentage of Denials that wereAppealed	39%	32%	4%	21%	3%	0%
Number of Appeals that Reversed the decision	4	9	0	1	2	1
Percentage of Appeals that Reversed the decision	36%	13%	0%	11%	100%	100%
Number of Upheld Appeals that went to External Appeal	0	6	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	10%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	2	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	33%	0%	0%	0%	0%

Indemnity - Cigna L & H	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	474	509	237	5	208	189
Number of UR Requests Denied	5	31	15	2	40	3
Percentage of UR Requests that were Denied	1%	6%	6%	40%	19%	2%
Number of Denials that wereAppealed	2	9	1	0	5	1
Percentage of Denials that wereAppealed	40%	29%	7%	0%	13%	33%
Number of Appeals that Reversed the decision	0	1	0	0	3	0
Percentage of Appeals that Reversed the decision	0%	11%	0%	0%	60%	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 2024

Indemnity - ConnectiCare Benefits	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	595	735	378	691	582	119
Number of UR Requests Denied	5	6	8	10	16	1
Percentage of UR Requests that were Denied	1%	1%	2%	1%	3%	1%
Number of Denials that wereAppealed	0	3	0	1	0	0
Percentage of Denials that wereAppealed	0%	50%	0%	10%	0%	0%
Number of Appeals that Reversed the decision	0	1	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	33%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Indemnity - ConnectiCare	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	182	265	166	210	141	33
Number of UR Requests Denied	0	5	8	4	5	1
Percentage of UR Requests that were Denied	0%	2%	5%	2%	4%	3%
Number of Denials that wereAppealed	0	2	1	0	0	1
Percentage of Denials that wereAppealed	0%	40%	13%	0%	0%	100%
Number of Appeals that Reversed the decision	0	1	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	50%	0%	0%	0%	0%
Number of Upheld Appeals that went to External Appeal	0	0	0	0	0	0
Percentage of Upheld Appeals that went to External Appeals	0%	0%	0%	0%	0%	0%
Number of External Appeals that Reversed the decision	0	0	0	0	0	0
Percentage of External Appeals that Reversed the decision	0%	0%	0%	0%	0%	0%

Fully Insured Behavioral Health Statistics for 2024

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

Indemnity - Oxford Health	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	1	1	1	3	282	44
Number of UR Requests Denied	1	1	1	3	84	22
Percentage of UR Requests that were Denied	100%	100%	100%	100%	30%	50%
Number of Denials that were Appealed	0	1	0	1	1	0
Percentage of Denials that were Appealed	0%	100%	0%	33%	1%	0%
Number of Appeals that Reversed the decision	0	1	0	0	0	0
Percentage of Appeals that Reversed the decision	0%	100%	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 2024

Indemnity - United	Acute Inpatient	Residential	Partial Hospitalization	Intensive Outpatient	Routine Outpatient	Substance Abuse Detox
Number of UR Requests Received	170	198	67	392	707	229
Number of UR Requests Denied	0	5	0	6	202	94
Percentage of UR Requests that were Denied	0%	3%	0%	2%	29%	41%
Number of Denials that wereAppealed	0	1	0	0	0	0
Percentage of Denials that wereAppealed	0%	20%	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%

Mental Health Measures / Usage - Health Maintenance Organizations

Diagnosed Mental Health Disorders	Aetna Health	Anthem	Cigna	ConnectiCare	Oxford
The percentage of members 1 year of age and older as of December 31, 2024, who were continuously enrolled in 2024, who were diagnosed with a mental health disorder during 2024.					
(a) members age 1 through 17 years of age, diagnosed with a mental health disorder	32%	28%	28%	21%	18%
(b) members age 18 through 64 years of age, diagnosed with a mental health disorder	30%	37%	37%	26%	25%

Diagnosed With Substance Use Disorders	Aetna Health	Anthem	Cigna	ConnectiCare	Oxford
The percentage of members 13 years of age and older as of December 31, 2024, who were continuously enrolled in 2024, who were diagnosed with a substance use disorder during 2024					
Members age 13 through 17 years of age who:					
(a) diagnosed with an alcohol disorder	0%	0%	0%	0%	0%
(b) diagnosed with an opioid disorder	0%	0%	0%	0%	0%
(c) diagnosed with a disorder for other or unspecified drugs	0%	1%	0%	1%	1%
(d) diagnosed with any substance use disorder	0%	1%	0%	1%	1%
Members age 18 through 64 years of age who:					
(a) diagnosed with an alcohol disorder	0%	2%	1%	1%	1%
(b) diagnosed with an opioid disorder	0%	1%	0%	0%	0%
(c) diagnosed with a disorder for other or unspecified drugs	0%	1%	1%	1%	0%
(d) diagnosed with any substance use disorder	0%	3%	2%	2%	2%

Mental Health Measures / Usage - Health Maintenance Organizations

Follow-up After Hospitalization for Mental Health	Aetna Health	Anthem	Cigna	ConnectiCare	Oxford
The percentage of discharges for members 6 years of age and older as of the discharge date, who were continuously enrolled from the date of discharge through 30 days after discharge, who had an acute care inpatient discharge with a diagnosis of mental illness or intentional self-harm diagnosis, with a discharge date on or between January 1, and December 1, 2024.					
Members age 6 through 17 years of age who:					
(a) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.	0%	85%	100%	100%	0%
(b) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.	0%	66%	100%	100%	0%
Members age 18 through 64 years of age who:					
(c) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.	0%	86%	75%	83%	100%
(d) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.	0%	70%	38%	67%	100%

Antidepressant Medication Management	Aetna Health	Anthem	Cigna	ConnectiCare	Oxford
The percentage of members 18 and older as of the index prescription start date (IPSD), who were continuously enrolled 105 days prior to the PSD through 231 days after the PSD, who were not taking a antidepressant medication 105 days prior to the PSD, who were diagnosed with a new episode of depression during the 121-day period from 60 days prior to PSD, through 60 days after PSD, 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, observation visit, intensive outpatient or partial hospitalization setting with any diagnosis of major depression, or an acute or nonacute inpatient stay or community mental health center visit with any diagnosis of major depression.					
(a) Who remained on antidepressant medication for at least an 84-day period (12 weeks).	0%	72%	100%	71%	90%
(b) Who remained on antidepressant medication for at least 180 days (6 months).	0%	63%	50%	71%	75%

Mental Health Measures / Usage - Health Maintenance Organizations

Follow-up After Emergency Department Visit for Mental Illness	Aetna Health	Anthem	Cigna	ConnectiCare	Oxford
The percentage of emergency department (ED) visits between January 1 and December 1, 2024, where the members was 6 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of mental illness or intentional self-harm, with a follow-up visit for mental illness					
Members age 6 through 17 years of age who:					
(a) who had a follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 30 days after the ED visit	0%	90%	100%	0%	0%
(b) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 7 days after the ED visit	0%	77%	100%	0%	0%
Members age 18 through 64 years of age who:					
(c) who had a follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 30 days after the ED visit	100%	73%	50%	60%	0%
(d) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 7 days after the ED visit	0%	58%	0%	60%	0%

Follow-up After Emergency Department Visit for Substance Use	Aetna Health	Anthem	Cigna	ConnectiCare	Oxford
The percentage of emergency department (ED) visits between January 1 and December 1, 2024, where the members was 13 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose with a follow-up visit					
Members age 13 through 17 years of age who:					
(a) who had a follow-up visit or a pharmacotherapy dispensing event on or within 30 days after the ED visit	0%	0%	0%	0%	0%
(b) who had a follow-up visit or a pharmacotherapy dispensing event on or within 7 days after the ED visit	0%	0%	0%	0%	0%
Members age 18 through 64 years of age who:					
(c) who had a follow-up visit or a pharmacotherapy dispensing event on or within 30 days after the ED visit	0%	33%	0%	0%	100%
(d) who had a follow-up visit or a pharmacotherapy dispensing event on or within 7 days after the ED visit	0%	27%	0%	0%	100%

Mental Health Measures / Usage - Indemnity Managed Care Organizations

Diagnosed Mental Health Disorders	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	Oxford Health	United
The percentage of members 1 year of age and older as of December 31, 2024, who were continuously enrolled in 2024, and who were diagnosed with a mental health disorder during 2024.								
(a) members age 1 through 17 years of age, diagnosed with a mental health disorder	23%	22%	24%	22%	24%	0%	20%	24%
(b) members age 18 through 64 years of age, diagnosed with a mental health disorder	30%	28%	30%	26%	30%	0%	28%	29%

Diagnosed With Substance Use Disorders	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	Oxford Health	United
The percentage of members 13 years of age and older as of December 31, 2024, who were continuously enrolled in 2024, who were diagnosed with a substance use disorder during 2024								
Members age 13 through 17 years of age who:								
(a) diagnosed with an alcohol disorder	0%	0%	0%	0%	0%	0%	0%	0%
(b) diagnosed with an opioid disorder	0%	0%	0%	0%	0%	0%	0%	0%
(c) diagnosed with a disorder for other or unspecified drugs	0%	0%	0%	1%	0%	0%	0%	0%
(d) diagnosed with any substance use disorder	1%	1%	1%	1%	0%	0%	0%	0%
Members age 18 through 64 years of age who:								
(a) diagnosed with an alcohol disorder	1%	1%	1%	2%	2%	0%	1%	1%
(b) diagnosed with an opioid disorder	0%	0%	0%	1%	1%	0%	0%	0%
(c) diagnosed with a disorder for other or unspecified drugs	1%	1%	1%	1%	1%	0%	1%	0%
(d) diagnosed with any substance use disorder	2%	2%	2%	3%	3%	0%	2%	2%

Mental Health Measures / Usage - Indemnity Managed Care Organizations

Follow-up After Hospitalization for Mental Health	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	Oxford Health	United
The percentage of discharges for members 6 years of age and older as of the discharge date, who were continuously enrolled from the date of discharge through 30 days after discharge, who had an acute care inpatient discharge with a diagnosis of mental illness or intentional self-harm diagnosis, with a discharge date on or between January 1, and December 1, 2024.								
Members age 6 through 17 years of age who:								
(a) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.	87%	75%	87%	67%	67%	0%	67%	82%
(b) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.	68%	53%	68%	47%	22%	0%	33%	58%
Members age 18 through 64 years of age who:								
(c) who had a follow-up visit with a mental health practitioner within 30 days after the hospital discharge.	80%	77%	81%	75%	72%	0%	77%	84%
(d) who had a follow-up visit with a mental health practitioner within 7 days after the hospital discharge.	63%	58%	63%	54%	45%	0%	70%	63%

Antidepressant Medication Management	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	Oxford Health	United
The percentage of members 18 and older as of the index prescription start date (IPSD), who were continuously enrolled 105 days prior to the IPSD through 231 days after the IPSD, who were not taking a antidepressant medication 105 days prior to the ISPD, 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, observation visit, intensive outpatient or partial hospitalization setting with any diagnosis of major depression, or an acute or nonacute inpatient stay or community mental health center visit with any diagnosis of major depression.								
(a) Who remained on antidepressant medication for at least an 84-day period (12 week).	88%	78%	83%	77%	76%	0%	86%	80%
(b) Who remained on antidepressant medication for at least 180 days (6 months).	80%	63%	70%	63%	68%	0%	78%	63%

Mental Health Measures / Usage - Indemnity Managed Care Organizations

Follow-up After Emergency Department Visit for Mental Illness	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	Oxford Health	United
The percentage of emergency department (ED) visits between January 1 and December 1, 2024, where the members was 6 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of mental illness or intentional self-harm, with a follow-up visit for mental illness								
Members age 6 through 17 years of age who:								
(a) who had a follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 30 days after the ED visit	81%	82%	81%	80%	71%	0%	71%	81%
(b) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 7 days after the ED visit	67%	69%	65%	20%	71%	0%	43%	72%
Members age 18 through 64 years of age who:								
(c) who had a follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 30 days after the ED visit	70%	67%	70%	62%	71%	0%	63%	69%
(d) who had a follow-up visit with a practitioner, with a principal diagnosis of a mental health disorder, or intentional self-harm and any diagnosis of a mental disorder on or within 7 days after the ED visit	55%	53%	55%	46%	63%	0%	56%	53%

Follow-up After Emergency Department Visit for Substance Use	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	Oxford Health	United
The percentage of emergency department (ED) visits between January 1 and December 1, 2024, where the members was 13 years of age and older as of the date of the ED visit, who were continuously enrolled from the date of the ED visit through 30 days after the ED visit, who had a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose with a follow-up visit								
Members age 13 through 17 years of age who:								
(a) who had a follow-up visit or a pharmacotherapy dispensing event on or within 30 days after the ED visit	17%	38%	32%	0%	67%	0%	100%	15%
(b) who had a follow-up visit or a pharmacotherapy dispensing event on or within 7 days after the ED visit	11%	31%	16%	0%	67%	0%	50%	8%
Members age 18 through 64 years of age who:								
(c) who had a follow-up visit or a pharmacotherapy dispensing event on or within 30 days after the ED visit	37%	42%	30%	37%	35%	0%	36%	37%
(d) who had a follow-up visit or a pharmacotherapy dispensing event on or within 7 days after the ED visit	22%	29%	19%	23%	25%	0%	21%	30%

HMO - Claim Reporting - Expenses

Provide the claim expenses on a per member per month basis for the period of Jan. 1, through Dec. 31, 2024, for each of the following.	Aetna Health	Anthem	Cigna	ConnectiCare	Oxford
Mental Health					
(a) Inpatient	\$59.42	\$5.75	\$0.00	\$4.97	\$0.29
(b) Outpatient	\$45.27	\$13.87	\$0.00	\$9.23	\$23.37
Total in column	\$104.69	\$19.62	\$0.00	\$14.20	\$23.66
Substance Abuse or Dependency					
(a) Inpatient	\$21.03	\$4.11	\$0.00	\$0.21	\$4.05
(b) Outpatient	\$15.92	\$3.02	\$0.00	\$0.15	\$5.64
Total in column	\$36.95	\$7.13	\$0.00	\$0.36	\$9.69
Medical					
(a) Inpatient	\$350.40	\$85.99	\$0.00	\$148.08	\$139.94
(b) Outpatient	\$430.08	\$482.22	\$392.54	\$483.80	\$393.41
Total in column	\$780.48	\$568.21	\$392.54	\$631.88	\$533.35
Total All Claims (sum of above categories)					
(a) Inpatient	\$430.85	\$95.85	\$0.00	\$153.26	\$144.28
(b) Outpatient	\$491.27	\$499.11	\$392.54	\$493.18	\$422.42
Total in column	\$922.12	\$594.96	\$392.54	\$646.44	\$566.70

HMO - Claim Reporting - Claim Denial Data

Claim Denial Data - For the Period of January 1, through December 31, 2024.	Aetna Health	Anthem	Cigna	ConnectiCare	Oxford
The total number of claims received for the period.	1,608	232,046	17	145,177	90,669
1) Provide the number of denials of the total in each of the following:					
(a) "not a covered benefit"	42	430	1	959	5,466
(b) "not medically necessary"	0	292	0	23	0
(c) "not an eligible enrollee/dependent"	241	6,049	0	3,581	171
(d) "incomplete submission"	136	969	1	2,039	419
(e) "duplicate submission"	16	5,634	0	4,170	2,826
(f) "all other miscellaneous"	147	16,910	15	10,254	12,060
2) Provide the denials as a percent of the total claims for the following:					
(a) "not a covered benefit"	2.61%	0.19%	5.88%	0.66%	6.03%
(b) "not medically necessary"	0.00%	0.13%	0.00%	0.02%	0.00%
(c) "not an eligible enrollee/dependent"	14.99%	2.61%	0.00%	2.47%	0.19%
(d) "incomplete submission"	8.46%	0.42%	5.88%	1.40%	0.46%
(e) "duplicate submission"	1.00%	2.43%	0.00%	2.87%	3.12%
(f) "all other miscellaneous"	9.14%	7.29%	88.24%	7.06%	13.30%

HMO Claim Reporting -Claim Denial Data (continued)

	Aetna Health	Anthem	Cigna	ConnectiCare	Oxford
3) Provide the number of internal appeals of denials in each of the following:					
(a) "not a covered benefit"	0	81	0	4	9
(b) "not medically necessary"	0	0	0	0	0
(c) "not an eligible enrollee/dependent"	0	4	0	0	0
(d) "incomplete submission"	0	0	0	2	1
(e) "duplicate submission"	0	0	0	0	0
(f) "all other miscellaneous"	0	158	0	14	38
4) Provide the internal appeals as a percent of the total claims for the following:					
(a) "not a covered benefit"	0.00%	0.03%	0.00%	0.00%	0.01%
(b) "not medically necessary"	0.00%	0.00%	0.00%	0.00%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.07%	0.00%	0.01%	0.04%
5) Provide the number of internal appeals reversed on appeal in each of the following:					
(a) "not a covered benefit"	0	41	0	3	1
(b) "not medically necessary"	0	0	0	0	0
(c) "not an eligible enrollee/dependent"	0	1	0	0	0
(d) "incomplete submission"	0	0	0	2	0
(e) "duplicate submission"	0	0	0	0	0
(f) "all other miscellaneous"	0	41	0	3	15
6) Provide the reversed appeals as a percent of the total claims for the following:					
(a) "not a covered benefit"	0.00%	0.02%	0.00%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.00%	0.00%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.02%	0.00%	0.00%	0.02%

Indemnity - Claim Reporting - Expenses

Provide the claim expenses on a per member per month basis for the period of Jan. 1, through Dec. 31, 2024, for each of the following.	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	Oxford Health	United
Mental Health								
(a) Inpatient	\$5.03	\$8.82	\$5.46	\$4.74	\$5.72	\$0.00	\$4.02	\$5.48
(b) Outpatient	\$14.68	\$22.43	\$28.95	\$11.94	\$13.96	\$0.57	\$34.94	\$30.62
Total in column	\$19.71	\$31.25	\$34.41	\$16.68	\$19.68	\$0.57	\$38.96	\$36.10
Substance Abuse or Dependency								
(a) Inpatient	\$0.92	\$4.79	\$4.30	\$0.68	\$0.45	\$0.00	\$4.92	\$4.81
(b) Outpatient	\$1.61	\$4.76	\$5.74	\$0.33	\$0.58	\$0.00	\$4.31	\$4.42
Total in column	\$2.53	\$9.55	\$10.04	\$1.01	\$1.03	\$0.00	\$9.23	\$9.23
Medical								
(a) Inpatient	\$93.42	\$114.71	\$136.19	\$160.50	\$163.56	\$0.00	\$122.93	\$137.14
(b) Outpatient	\$271.48	\$595.24	\$466.16	\$430.37	\$453.45	\$380.81	\$456.08	\$461.44
Total in column	\$364.90	\$709.95	\$602.35	\$590.87	\$617.01	\$380.81	\$579.01	\$598.58
Total All Claims (sum of above categories)								
(a) Inpatient	\$99.37	\$128.32	\$145.95	\$165.92	\$169.73	\$0.00	\$131.87	\$147.43
(b) Outpatient	\$287.77	\$622.43	\$500.85	\$442.64	\$467.99	\$381.38	\$495.33	\$496.48
Total in column	\$387.14	\$750.75	\$646.80	\$608.56	\$637.71	\$381.38	\$627.20	\$643.91

Indemnity - Claim Reporting –Claim Denial Data

Claim Denial Data - For the Period of January 1, through December 31, 2024.	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	Oxford Health	United
The total number of claims received for the period.	717,085	2,372,696	1,689,875	1,160,296	341,575	162	652,091	2,108,858
1) Provide the number of denials of the total in each of the following:								
(a) "not a covered benefit"	84,708	3,597	48,659	8,431	3,196	25	41,441	134,495
(b) "not medically necessary"	17	2,856	1,113	199	73	0	1	8,280
(c) "not an eligible enrollee/dependent"	14,820	34,108	5,810	15,620	8,894	0	2,202	27,157
(d) "incomplete submission"	14,326	5,122	122,051	17,989	5,608	16	1,056	26,897
(e) "duplicate submission"	8,378	48,290	1,318	20,604	8,570	0	16,592	25,197
(f) "all other miscellaneous"	66,910	112,868	13,798	63,385	29,176	121	101,157	73,208
2) Provide the denials as a percent of the total claims for the following:								
(a) "not a covered benefit"	11.81%	0.15%	2.88%	0.73%	0.94%	15.43%	6.36%	6.38%
(b) "not medically necessary"	0.00%	0.12%	0.07%	0.02%	0.02%	0.00%	0.00%	0.39%
(c) "not an eligible enrollee/dependent"	2.07%	1.44%	0.34%	1.35%	2.60%	0.00%	0.34%	1.29%
(d) "incomplete submission"	2.00%	0.22%	7.22%	1.55%	1.64%	9.88%	0.16%	1.28%
(e) "duplicate submission"	1.17%	2.04%	0.08%	1.78%	2.51%	0.00%	2.54%	1.19%
(f) "all other miscellaneous"	9.33%	4.76%	0.82%	5.46%	8.54%	74.69%	15.51%	3.47%

Indemnity - Claim Reporting –Claim Denial Data (continued)

	Aetna Life	Anthem	Cigna H & L	ConnectiCare Benefits	ConnectiCare	CT General	Oxford Health	United
3) Provide the number of internal appeals of denials in each of the following:								
(a) "not a covered benefit"	44	97	0	45	16	0	85	216
(b) "not medically necessary"	8	0	1,069	6	3	0	0	0
(c) "not an eligible enrollee/dependent"	0	12	0	4	1	0	0	9
(d) "incomplete submission"	0	0	0	45	11	0	0	0
(e) "duplicate submission"	0	0	0	3	0	0	1	0
(f) "all other miscellaneous"	52	829	35	313	96	0	285	495
4) Provide the internal appeals as a percent of the total claims for the following:								
(a) "not a covered benefit"	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.01%
(b) "not medically necessary"	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.01%	0.03%	0.00%	0.03%	0.03%	0.00%	0.04%	0.02%
5) Provide the number of internal appeals reversed on appeal in each of the following:								
(a) "not a covered benefit"	2	31	0	13	6	0	8	83
(b) "not medically necessary"	1	0	516	4	2	0	0	0
(c) "not an eligible enrollee/dependent"	0	4	0	0	0	0	0	0
(d) "incomplete submission"	0	0	0	17	2	0	0	0
(e) "duplicate submission"	0	0	0	0	0	0	0	0
(f) "all other miscellaneous"	8	155	33	107	33	0	65	87
6) Provide the reversed appeals as a percent of the total claims for the following:								
(a) "not a covered benefit"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(b) "not medically necessary"	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%
(c) "not an eligible enrollee/dependent"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(d) "incomplete submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(e) "duplicate submission"	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(f) "all other miscellaneous"	0.00%	0.01%	0.00%	0.01%	0.01%	0.00%	0.01%	0.00%

Federal Medical Loss Ratio by Carrier

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

	Individual Market - 80%	Small Group Market - 80%	Large Group Market - 85%
	Individual	Small Group	Large Group
HMO			
Aetna Health	NA	NA	NR
Anthem	80.70%	82.40%	90.00%
Cigna	NA	NA	222.30%
ConnectiCare	87.90%	NR	92.50%
Oxford	NA	93.70%	90.10%
Indemnity	Individual	Small Group	Large Group
	NA	NR	90.70%
Aetna Life	NA	NR	90.70%
Anthem	80.70%	82.40%	90.00%
Cigna H & L	NA	99.00%	93.70%
ConnectiCare Benefits	86.50%	97.60%	NA
ConnectiCare	91.00%	89.80%	88.70%
CT General	29.90%	NA	-5.60%
Oxford Health	NA	84.00%	86.70%
United	NA	69.40%	90.50%

Note:

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

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

Help & Additional Information

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

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