



2021 Managed Care Report

To

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

Presented by

Connecticut Insurance Department
Andrew Mais, Commissioner
March 18, 2022

The Insurance Department's annual report on the regulation of Managed Care in Connecticut offers an overview of the Department's regulatory and enforcement activity of Managed Care Organizations (MCOs) for the calendar year 2019.

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

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

Consumer advocacy, education and outreach continue to be one of our prime focuses. In 2020, we recovered more than \$4.1 million on behalf of insurance customers who benefited from Department intervention. Of that nearly \$1.9 million was health insurance recoveries. Our commitment to education consumers included numerous outreach events in 2019 and our annual [Consumer Report Card](#), giving individuals, families and businesses information to make informed choices about health insurance plans.

We hope you find this report informative.

Sincerely,

A handwritten signature in blue ink, appearing to read 'A. Mais', is written over a horizontal line.

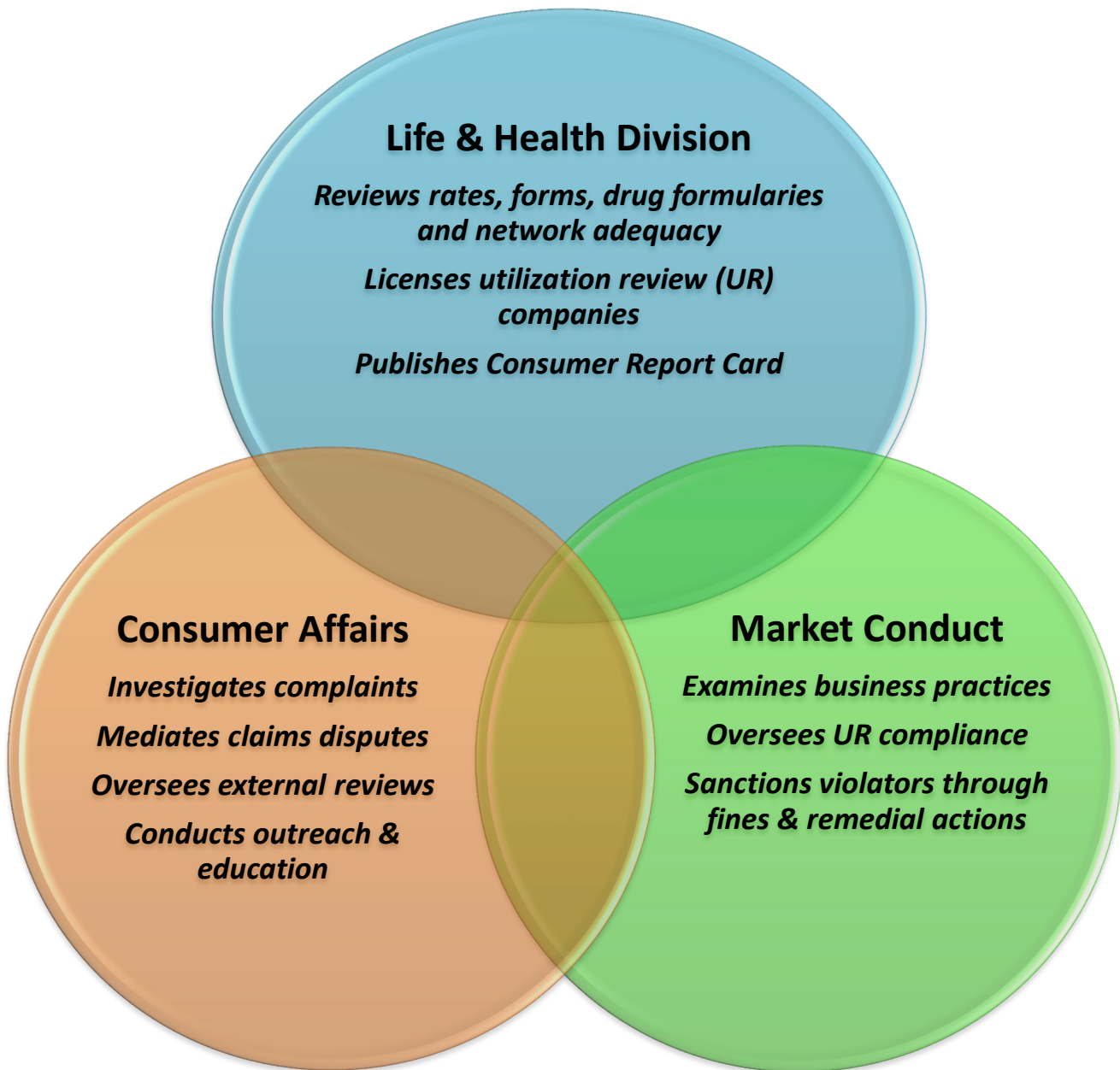
Andrew Mais, Commissioner

Table of Contents

I.	Structure of the Insurance Department	4
II.	List of Managed Care Organizations	5
III.	Other Licensed Entities	6
IV.	External Appeals Process	7-8
V.	Utilization Review	9
VI.	Consumer Advocacy & Outreach	10
VII.	Consumer Report Card	11-14

I. Insurance Department Organizational Chart

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



II. Licensed Managed Care Organizations (MCOs) In Connecticut as of December 31, 2020

Managed Care Organization	Web site
Aetna Health, Inc.	www.aetna.com
Aetna Life Insurance Company	www.aetna.com
Anthem Blue Cross & Blue Shield of CT, Inc.	www.anthem.com
CIGNA Health & Life Insurance Company	www.cigna.com
CIGNA Healthcare of Connecticut, Inc.	www.cigna.com
ConnectiCare, Inc.	www.connecticare.com
ConnectiCare Insurance Company, Inc.	www.connecticare.com
ConnectiCare Benefits, Inc.	www.connecticare.com
Connecticut General Life Insurance Company	www.cigna.com
Golden Rule Insurance Company	www.uhone.com
Harvard Pilgrim Healthcare of CT	www.harvardpilgrim.org
HPHC Insurance Company	www.harvardpilgrim.org
Oxford Health Insurance, Inc.	www.oxhp.com
Oxford Health Plans (CT), Inc.	www.oxhp.com
United HealthCare Insurance Company	www.uhc.com

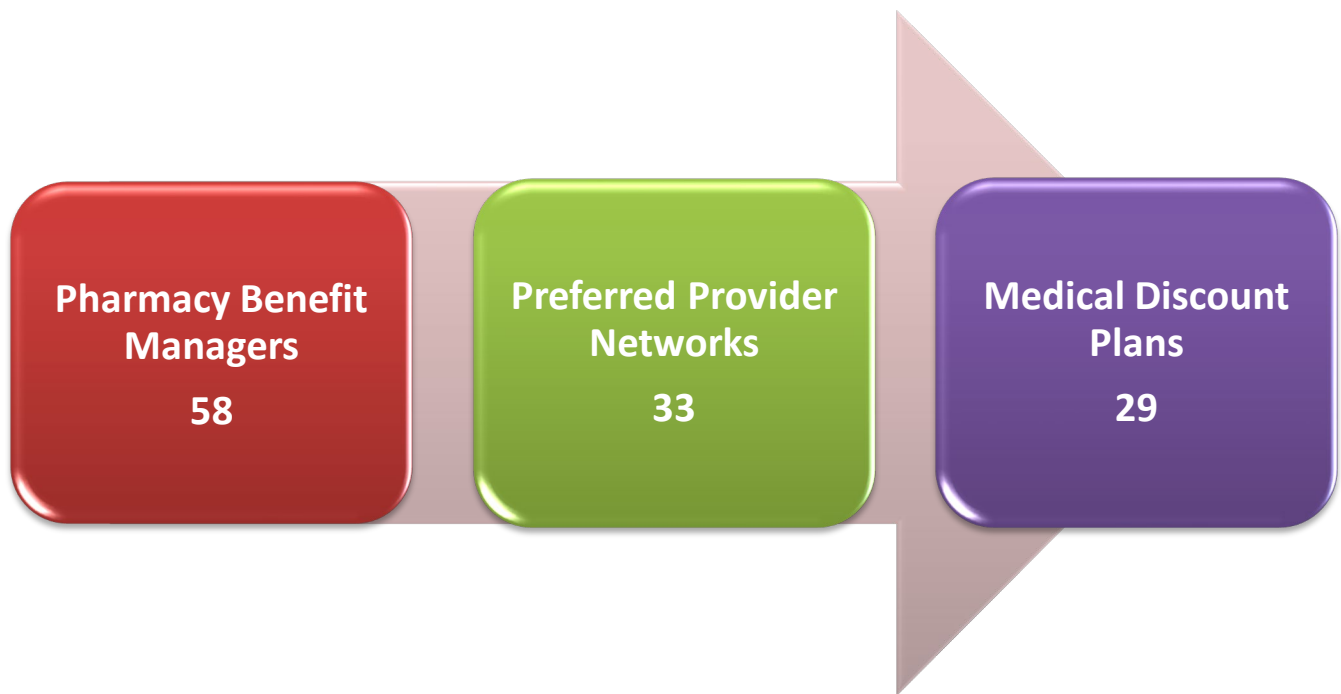
III. Other Licensed Entities

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

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

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

Below is the Department's 2020 licensing/registration activity of these providers:



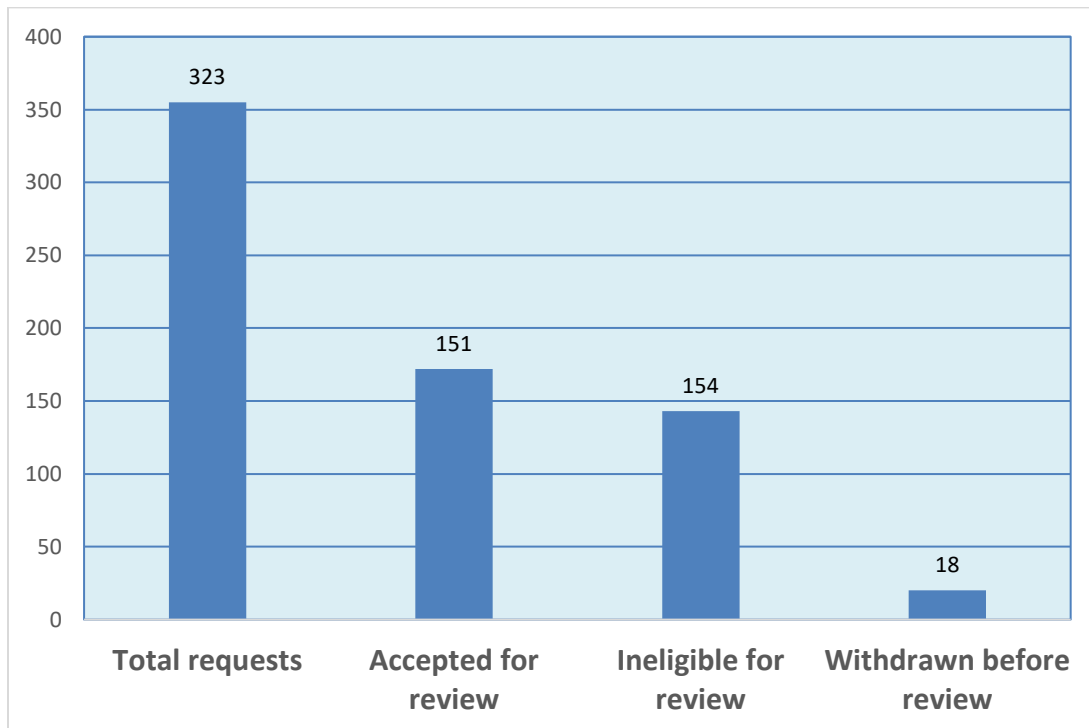
IV. External Appeal Process

Independent Review Organizations (IROs) Licensed in 2020

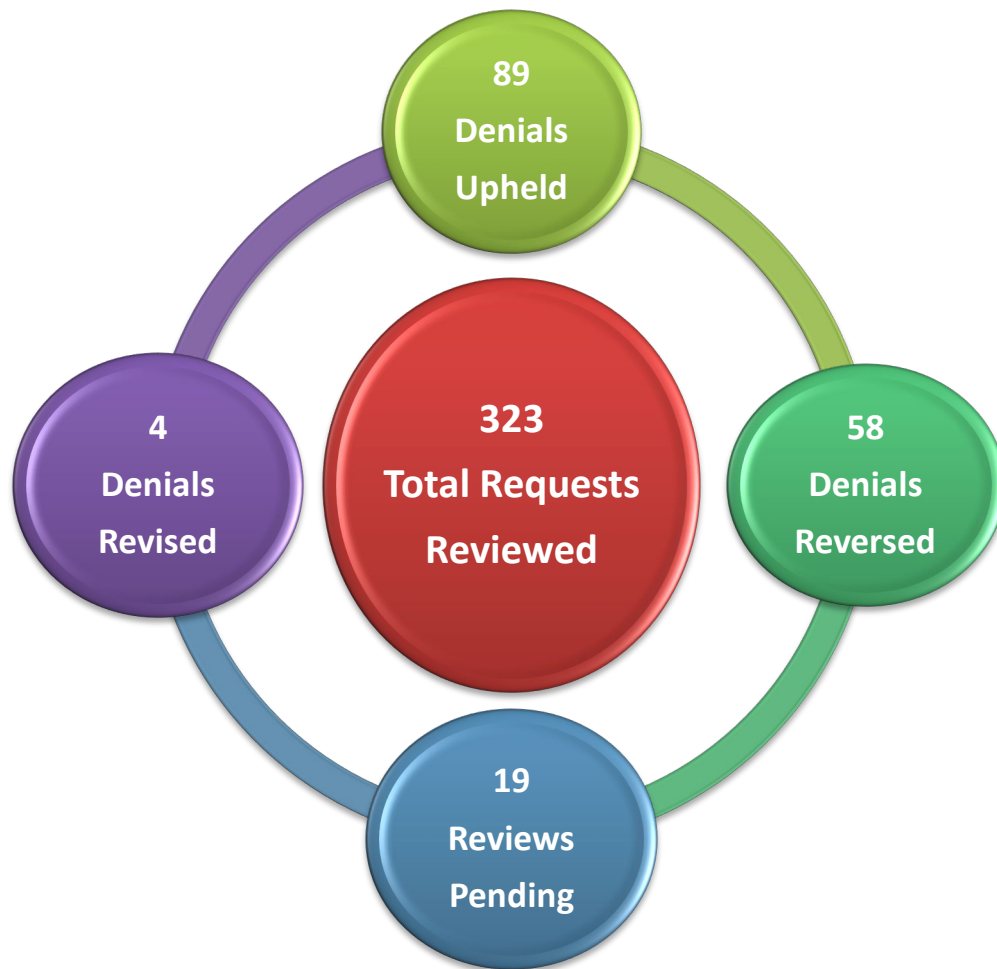
Below are the three companies chosen through a competitive bidding process that provided independent external reviews of appeals of health insurance denials from January 1, 2020 to December 31, 2020.

Independent Review Organization	Address
IPRO, Inc.	Lake Success, NY
MAXIMUS Federal Services, Inc.	Reston, VA
National Medical Reviews, Inc.	Southampton, PA

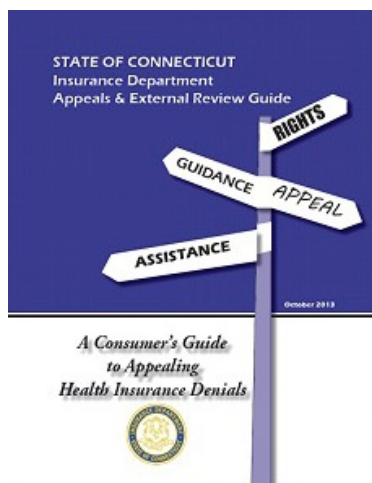
External Review Requests in 2020



External Review Results in 2020



Insurance Department Resources for Appealing Denials



[CID Consumer's Guide for Appeals:](#)

Informs consumers of the eligibility requirements for filing appeals
Explains how insurers conduct medical necessity reviews
Provides [necessary forms](#) and information to properly file appeals
Explains how the process works once information is submitted
Is available on the [CID Web site](#).

V. Utilization Review

Licensing

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

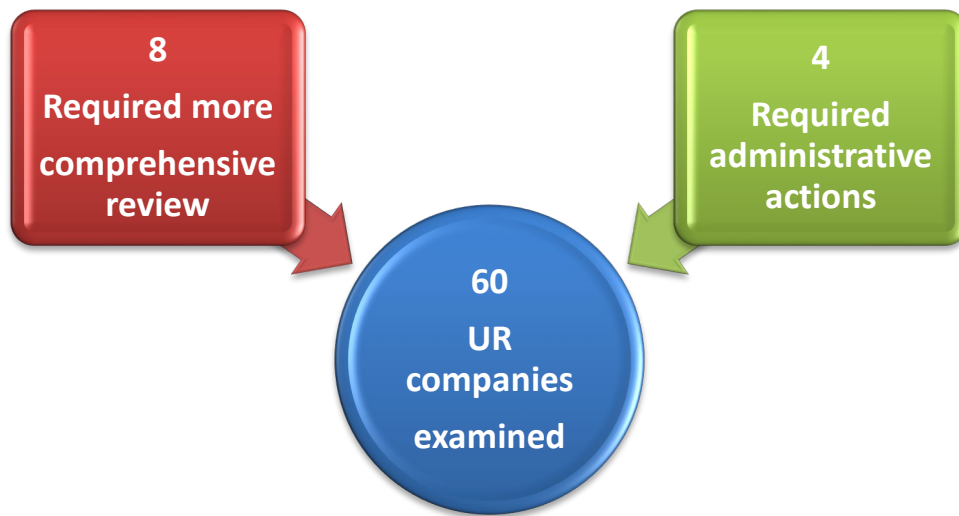
UR Companies	Issued in 2020	Pending
Renewals	29	28
New Licensees	0	5

Market Conduct

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

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

An overview of the Department's 2020 monitoring of UR companies:



Areas most frequently cited in 2020 for improvement:

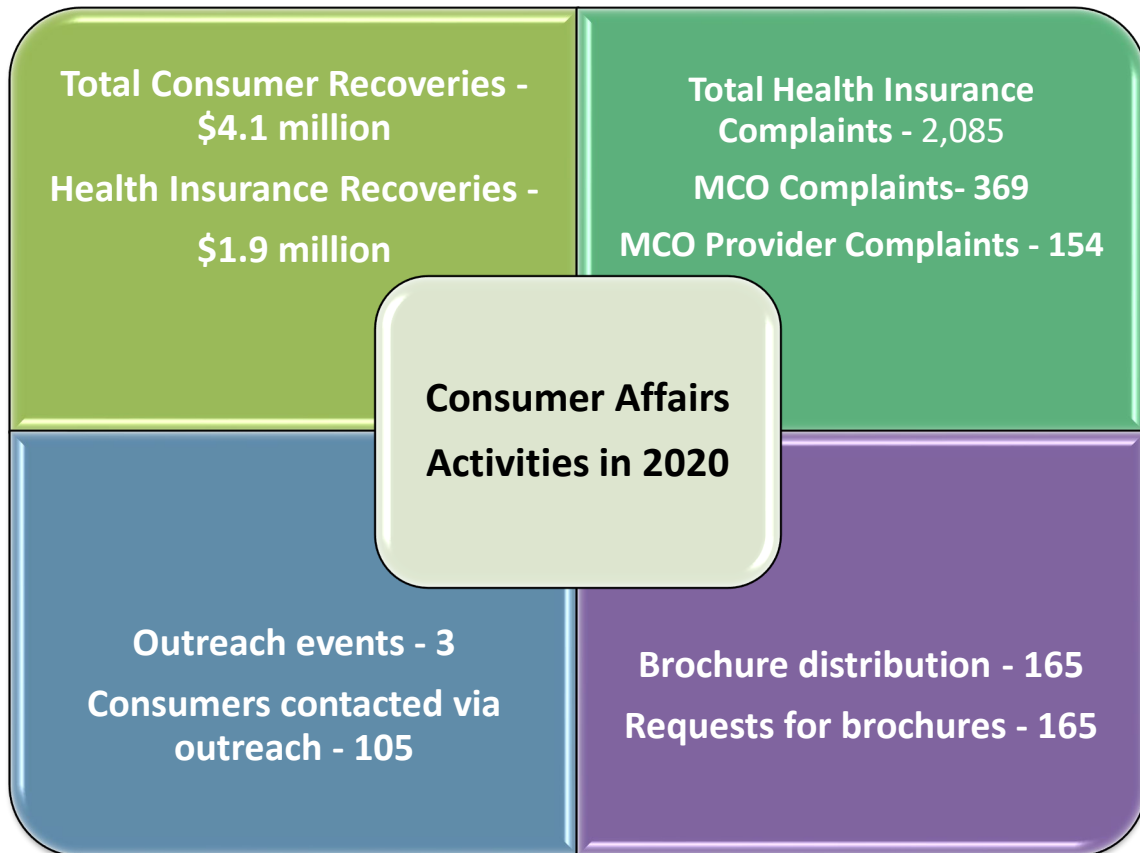
1. Failure to include the correct web link on determination letters.
2. Failure to provide timely initial determination and appeal responses.
3. Lack of proper appeal language.

VI. Consumer Advocacy & Outreach

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

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

An overview of the Consumer Affairs Unit 2020 Activity:



A list of all insurance complaints fielded in 2019 by the Consumer Affairs Unit is on the [Department Web site and on the state's Open Data Portal](#).

VII. The Consumer Report Card on Health Insurance Carriers in Connecticut



Consumer Report Card On Health Insurance Carriers In Connecticut October 2020

Since 1998, the Department has published a [Consumer Report Card on Health Insurance Carriers in Connecticut](#) – that includes all health care centers, commonly referred to as HMOs – and up to 15 insurers with the highest premium volume in Connecticut, that offer Managed Care Plans.

The Department collects data by July 1 of each year and publishes the Report Card each October, updated annually to make it more useful for consumers. The Department compiles and compares a number of quality measures, including provider networks, covered services and member satisfaction. The 2020 edition reflects data from 2019 calendar year.

Among the highlights of the 2020 edition is data on how insurance companies are doing in providing follow-up treatment for mental health and substance abuse care and an increase in number of participating physician specialists. Additionally, the 13 insurance companies and HMOs included the 2020 Report Card received just under 13 million claims in 2019, a slight decrease from the 14 million claims they received in 2018.

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

In 2020, the following criteria were included in the Report Card:

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

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

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

Behavioral Health and Substance Abuse Metrics

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

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

Totals and percentage of members who received:

- Any mental health service
- Inpatient mental health service
- Intensive outpatient or partial hospitalization health services
- Outpatient mental health services
- Emergency department mental health services
- Telehealth mental health services

Total number of members who received:

- Any dependency services
- Inpatient dependency services
- Intensive outpatient or partial hospitalization dependency services
- Outpatient or ambulatory medication assessed treatment (MAT) dispensing event
- Emergency department dependency services
- Telehealth dependency services

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

- Percentage of members who had follow-up visit with a mental health practitioner on the date of discharge up to 30 days after the hospital discharge
- Percentage of members who had a follow-up visit with a mental health practitioner on the date of discharge up to seven days after the hospital discharge
- Percentage members who had a follow-up after emergency department visit for mental health treatment

Follow-up for dependency for members 13 years and older:

- Percentage who had a follow-up after emergency department visit for alcohol or other drug abuse or dependence
- Percentage who had initiation and engagement of alcohol and other drug dependence treatment (IET)

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

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