STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Market Conduct Report

of

Aetna Life Insurance Company

August 2, 2021

From January 27, 2021 through July 16, 2021, the Market Conduct Division of the Connecticut Insurance Department examined the utilization review practices of Aetna Life Insurance Company (the Company), using a sample period of April 1, 2019 through December 31, 2019. The examination was limited to Connecticut enrollees.

Aetna Life Insurance Company has its home office in the State of Connecticut and is licensed as a utilization review entity in the State of Connecticut under license number 200000120. By authority granted under §38a-591 of the Connecticut General Statutes, this examination was conducted by Market Conduct examiners of the State of Connecticut Insurance Department (the Department) at the Department's offices in Hartford, Connecticut.

The purpose of the examination was to evaluate the Company's utilization review practices in the State of Connecticut. From a listing of utilization reviews performed by the Company, the examiners reviewed one hundred seventy-eight (178) sample files, which included complaints and approved, denied and appeal certifications during the examination period.

The Department's findings are as follows:

- The examiners verified that one (1) approval determination was not made within the required 15 days of the receipt of the request for review, upon the receipt of all information reasonably required to make approval determinations.

- The examiners verified that one (1) determination not to certify care was made without sufficient information and information was not requested nor was additional time afforded to the member prior to rendering a determination letter not to certify care.

- The examiners verified that one (1) determination not to certify care failed to identify the appropriate state reference as part of the health carrier's grievance procedures.

- The examiners verified that six (6) determinations not to certify care failed to provide the information in order to access the MCG criteria of such health carrier's Internet web site in order to access the clinical criteria online.

- The examiners verified that one (1) determination not to certify care failed to provide the correct link to such rule, guideline, protocol or other similar criterion of such health carrier's Internet web site in order to access the clinical criteria online.

- The examiners verified that two (2) appeal determinations failed to provide the correct qualifying credentials of the reviewing physician on the appeal determination letters.

- The examiners verified that the Company did not have sufficient documentation for regulatory review.

- The examiners verified that in one (1) determination letter not to certify care there was not information in the documentation provided in order to review the respective weblink.

It is recommended that the Company review its policies and procedures to ensure that approval determinations are made within the 15 day requirement, determinations are made with clinical documentation first provided or correspondence issued advising member to provide documentation prior to rendering determination, proper Connecticut external appeal language is provided for determinations not to certify care, a link to such rule, guideline, protocol or other similar criterion of such health carrier's Internet web site is included in appeal determinations as well as determinations not to certify care, appeal determinations note the appropriate qualifying credentials of the reviewing physician, and applicable information be contained within the appeal determinations in order to access the clinical criteria online, as required by statute.

It is noted that there were several exceptions involving the link to the MCG criteria. The Company has indicated passwords for letters dated after July 24, 2020 were now functioning properly and a member could obtain the clinical criteria for a determination. Additional files from the last five months of calendar year 2020 were sampled to confirm such process and it was determined the MCG guidelines were not able to be accessed in all instances. A June 3, 2021 phone call with the Company and the clinical entity confirmed the proper fix had been made to the Password Generator and the issue is corrected going forward as of said date. Considering the recent changes made it is recommended that the Company advise the Connecticut Insurance Department's Market Conduct Division when and if the MCG criteria utilized by the Company is further updated. To ensure the MCG criteria continues to be accessible to any individual who receives a determination letter not to certify care which utilizes the MCG criteria, the Department requests to conduct an additional sampling of inpatient denial files for calendar year 2022. This review will not be before July 2022.

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

IN THE MATTER OF Aetna Life Insurance Company	: :	DOCKET MC 21-80

STIPULATION AND CONSENT ORDER

It is hereby stipulated and agreed between Aetna Life Insurance Company and the State of Connecticut Insurance Department by and through Andrew N. Mais, Insurance Commissioner ("Insurance Commissioner") to wit:

I

WHEREAS, pursuant to a market conduct examination, the Insurance Commissioner alleges the following with respect to Aetna Life Insurance Company:

1. Aetna Life Insurance Company, hereinafter referred to as Respondent, is domiciled in the State of Connecticut and is licensed to transact the business of a utilization review entity in the State of Connecticut under license number 200000120.

2. From January 27, 2021 through July 16, 2021, the Department conducted an examination of Respondent's utilization review practices in the State of Connecticut covering the period from April 1, 2019 through December 31, 2019.

3. During the period under examination, Respondent failed to establish practices and procedures to ensure compliance in all instances with statutory requirements for:

   a. notification of a determination to certify care, admission or procedure within 15 days of the receipt of the request for review, upon the receipt of all information reasonably required to make approval determinations.

   b. requesting additional information prior to rendering a determination.

   c. providing proper Connecticut external appeal language.

   d. providing a reference to a weblink to access the clinical criteria online.

   e. providing correct qualifying credentials of the reviewing physician.

   f. maintaining and providing sufficient documentation for regulatory review.

   g. providing adequate information in the determination letters for the website to be reviewed.

4. The conduct as described above violates §38a-591b and §38a-591d of the Connecticut General Statutes, and §38a-591-4 and §38a-591-8 of the Regulations of Connecticut State Agencies and constitutes cause for the imposition of a fine or other administrative penalty under §38a-591k of the Connecticut General Statutes.

II

1. WHEREAS, Respondent neither admits nor denies the allegations contained in paragraphs three and four of Article I of this Stipulation; and

2. WHEREAS, Respondent agrees to review its utilization review practices and procedures identified as concerns during the market conduct examination, as described in the Examination of Utilization Review Practices Report and this Stipulation, and bring them into immediate compliance with Connecticut Statutes; and

3. WHEREAS, Respondent agrees to provide the Insurance Commissioner with a full report of finding and a summary of actions taken to comply with the requirements of paragraph two of this section within ninety (90) days of the date of this document; and

4. WHEREAS, Respondent, being desirous of terminating this proceeding without the necessity of a formal proceeding or further litigation, does consent to the making of this Final Order and voluntarily waives:

   a. any right to a hearing; and

   b. any requirement that the Insurance Commissioner's decision contain a statement of findings of fact and conclusion of law; and

   c. any and all rights to object to or challenge before the Insurance Commissioner or in any judicial proceeding any aspect, provision or requirement of this Stipulation

5. WHEREAS, Respondent agrees to pay a fine in the amount of $16,000.00 for the violations described herein.

NOW THEREFORE, upon the consent of the parties, it is hereby ordered and adjudged:

1. That the Insurance Commissioner has jurisdiction of the subject matter of this administrative proceeding.

2. That Respondent is fined the sum of Sixteen Thousand Dollars ($16,000.00) for the violations herein above described.

AETNA LIFE INSURANCE COMPANY

BY: Gregory Martino

(Representative of Utilization Review Entity)

CERTIFICATION

The undersigned deposes and says that he/she has duly executed this Stipulation and Consent Order on this 10 day of November 2021 for and on behalf of Aetna Life Insurance Company that he/she is the Vice President of such company, and he/she has authority to execute and file such instrument.

BY: _____

State of PA

County of Dauphin

Personally appeared on this 10 day of November 2021, Gregory Martino signer and sealer of the foregoing Stipulation and Consent Order, acknowledged same to be his/her free act and deed before me.

_____
Notary Public/Commissioner of the Superior Court

Commonwealth of Pennsylvania - Notary Seal
ANN G MUDGETT - Notary Public
Dauphin County
My Commission Expires September 23, 2025
Commission Number 1117027

Section Below To Be Completed by State of Connecticut Insurance Department

---

Dated at Hartford, Connecticut this 23 day of November 2021.

_____
Andrew N. Mais
Insurance Commissioner