



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Market Conduct Report

of

United Healthcare Services, Inc.

September 22, 2021

From June 10, 2021 through September 21, 2021, the Market Conduct Division of the Connecticut Insurance Department examined the utilization review practices of United Healthcare Services, Inc. (the Company), using a sample period of April 1, 2019 through December 31, 2019. The examination was limited to Connecticut enrollees.

United Healthcare Services, Inc. has its home office in the State of Minnesota and is licensed as a utilization review entity in the State of Connecticut under license number 200000860. 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 eighty-one (181) 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 two (2) determinations not to certify care were 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 denial determinations.
- The examiners verified that one (1) determination not to certify care was not made within the required 30 days of the receipt of the request for review, upon the receipt of all information reasonably required to make retrospective denial determinations.
- The examiners verified that one (1) Explanation of Benefits failed to provide proper Connecticut external appeal language.
- The examiners verified that one (1) determination letter not to certify care failed to use the determination letter of the entity licensed by the Insurance Commissioner.
- The examiners verified that thirty-nine (39) appeal determinations failed to use the determination letter of the entity licensed by the Insurance Commissioner.

- The examiners verified that twelve (12) determinations 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 one (1) determination not to certify care from a consumer complaint 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 the Company did not have sufficient documentation for regulatory review in three (3) instances.

It is recommended that the Company review its policies and procedures to ensure that denial determinations are made within the 15 day requirement, retrospective denial determinations are made within the 30 day requirement, proper Connecticut external appeal language is provided for Explanations of Benefit, is properly referenced on all determination letters as the licensed entity performing the review, a link to such rule, guideline, protocol or other similar criterion of such health carrier's Internet web site is included in determinations not to certify care, as required by statute.



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

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 IN THE MATTER OF : DOCKET MC 21-90
 United Healthcare Services, Inc. :
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STIPULATION AND CONSENT ORDER

It is hereby stipulated and agreed between United Healthcare Services, Inc. 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 United Healthcare Services, Inc.:

1. United Healthcare Services, Inc., hereinafter referred to as Respondent, is domiciled in the State of Minnesota and is licensed to transact the business of a utilization review entity in the State of Connecticut under license number 200000860.
2. From June 10, 2021 through September 21, 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 not 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 denial determinations.
 - b. notification of a determination not to certify care, admission or procedure within 30 days of the receipt of the request for review, upon the receipt of all information reasonably required to make retrospective denial determinations.
 - c. providing proper Connecticut external appeal language.
 - d. using a determination letter of the entity licensed by the Insurance Commissioner.
 - e. providing a reference to a weblink to access the clinical criteria online.
 - f. maintaining and providing sufficient documentation for regulatory review.

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 accepts those allegations as the findings of the Department; 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.

UNITED HEALTHCARE SERVICES, INC.

BY: 

(Representative of Utilization Review Entity)

CERTIFICATION

The undersigned deposes and says that he/she has duly executed this Stipulation and Consent Order on this 22 day of November 2021 for and on behalf of United Healthcare Services, Inc. that he/she is the President & CEO of such company, and he/she has authority to execute and file such instrument.

BY: T. Jeffrey Putnam

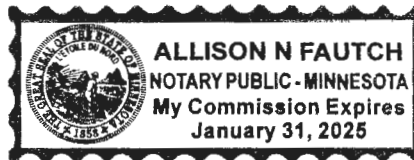
State of Minnesota

County of Dakota

Personally appeared on this 22 day of November 2021,

T. Jeffrey Putnam signer and sealer of the foregoing Stipulation and Consent Order, acknowledged same to be his/her free act and deed before me.

Allison N. Fautch
Notary Public/Commissioner of the Superior Court



Section Below To Be Completed by State of Connecticut Insurance Department

Dated at Hartford, Connecticut this 7 day of December 2021.

Andrew N. Mais
Andrew N. Mais
Insurance Commissioner