STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Market Conduct Report

of

United HealthCare Services, Inc.

February 7, 2025

From November 21, 2024 through February 6, 2025, 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 January 1, 2022 through December 31, 2022. 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 2390053. 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 (180) sample files, which included approved, denied and appeal certifications during the examination period.

The Department's findings are as follows:

- The examiners verified that two (2) expedited appeal determinations were not made within the required forty-eight hours after the health carrier receives such request or seventy-two hours after such health carrier receives such request if any portion of such forty-eight-hour period falls on a weekend regarding an urgent care request.

- The examiners verified that one (1) appeal determination 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 appeal determinations.

- The examiners verified that one (1) appeal determination was not made within the required 60 days of the receipt of the request for review, upon the receipt of all information reasonably required to make retrospective appeal determinations.

- The examiners verified that forty-seven (47) determination letters not to certify care of non-retrospective files did not reflect an external appeal may be filed within 120 calendar days after receiving an adverse determination or a final determination.

- The examiners verified that seventeen (17) determination letters not to certify care of retrospective files did not reflect an external appeal may be filed within 120 calendar days after receiving an adverse determination or a final determination.

- The examiners verified that sixteen (16) determinations letters not to certify care of retrospective files did not reflect forty-eight hours after the health carrier receives such request or seventy-two hours after such health carrier receives such request if any portion of such forty-eight-hour period falls on a weekend regarding an urgent care request.

- The examiners verified that thirteen (13) Explanations of Benefit of retrospective denial files failed to provide Connecticut external appeal language.

- The examiners verified that two (2) appeal determinations failed to provide proper Connecticut external appeal language as they did not note the internal appeal process had been exhausted.

- The examiners verified that there was one (1) instance where the Company did not have sufficient documentation for regulatory review.

It is recommended that the Company review its policies and procedures to ensure that expedited appeal determinations are made within the 48-hour requirement, appeal determinations are made within the 30 day requirement, retrospective appeal determinations are made within the 60 day requirement, proper Connecticut external appeal language is provided for determinations not to certify care and Explanations of Benefits, as required by statute.

It is further recommended that the Company institute new system protocol to provide for a check and balance of issuing appropriate correspondence to a member to mitigate further instances of issuing denial correspondence when the member is receiving a certification from the Company. It is recommended that the Company advise the Connecticut Insurance Department's Market Conduct Division within 90 calendar days of this update and provide a demonstration of the system's functionality.

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

IN THE MATTER OF United HealthCare Services, Inc.	: :	DOCKET MC 25-23

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 2390053.

2. From November 21, 2024 through February 6, 2025, the Department conducted an examination of Respondent's utilization review practices in the State of Connecticut covering the period from January 1, 2022 through December 31, 2022.

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 48 hours of the receipt of the request for review, upon the receipt of all information reasonably required to make urgent denial determinations;

   b. notification of an appeal determination within 30 days of the receipt of the request for review, upon the receipt of all information reasonably required to make appeal determinations;

   c. notification of an appeal determination within 60 days of the receipt of the request for review, upon the receipt of all information reasonably required to make retrospective appeal determinations;

   d. providing proper Connecticut external appeal language;

   e. responding to an urgent care request within forty-eight hours after the health carrier receives such request or seventy-two hours after such health carrier receives such request if any portion of such forty-eight-hour period falls on a weekend regarding an urgent care request;

f. providing sufficient documentation for regulatory review.

4. The conduct as described above violates §38a-591b, §38a-591d, §38a-591e and §38a-591g of the Connecticut General Statutes, 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 and correct those 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 $15,000.00 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 Fifteen Thousand Dollars ($15,000.00) for the violations herein above described.

UNITED HEALTHCARE SERVICES, INC.

BY: _____

(Representative of Utilization Review Entity)

Heather Long
Assistant Secretary

CERTIFICATION

The undersigned deposes and says that he/she has duly executed this Stipulation and Consent Order on this 28 day of May 2025 for and on behalf of United HealthCare Services, Inc. that he/she is the Assistant Secretary of such company, and he/she has authority to execute and file such instrument.

BY: _____

State of Minnesota

County of Hennepin

Personally appeared on this 28 day of May 2025, Heather Lang 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

BRENDA LOUISE RYAN
Notary Public
Minnesota
My Commission Expires
Jan 31, 2026

Section Below To Be Completed by State of Connecticut Insurance Department

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Dated at Hartford, Connecticut this 4th day of June 2025.

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Andrew N. Mais
Insurance Commissioner