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December 20, 2021

Ms. Christina Stecki  
MHA National Regulatory Affairs  
UnitedHealthcare Employer & Individual  
5701 Katella Ave, Mailstop CA120-0353  
Cypress, California 90630

Re: UnitedHealthcare Insurance Company (“UHIC”)  
Network Adequacy Filing 2020

Dear Ms. Stecki:

The Maryland Insurance Administration (“Administration”) has completed its review of the UHIC 2020 Network Adequacy Access Plans (the “UHIC 2020 Access Plans”) filed on July 1, 2020, supplemented with additional information and documentation on September 30, 2020, March 1, 2021, May 7, 2021, August 6, 2021, October 20, 2021, and November 29, 2021. These filings were made pursuant to § 15-112(c)(2)(i) of the Insurance Article and COMAR 31.10.44.

In 2020, UHIC filed access plans and executive summary plan forms for six provider panels. The Choice/Choice Plus network, the Core network, the Navigate network, the Navigate/CVS network, the Options PPO network, and the Nexus ACO network. This determination letter includes the Administration’s findings for each of these networks.

***UHIC 2020 Access Plans-Navigate, Navigate/CVS, and Nexus ACO Networks***

Following the Administration’s initial review of the access plans and our requests for additional information, it was determined that in 2020 there were no Maryland enrollees covered under health benefits plans that use the Navigate, Navigate/CVS, or Nexus ACO networks.

***UHIC 2020 Access Plans-Core and Options PPO Networks***

The Administration’s review of the UHIC 2020 Access Plans for the Core network and the Options PPO network has found that all access standards in COMAR 31.10.44 were met for both of these networks based on the data self-reported by UHIC.

***UHIC 2020 Access Plan-Choice/Choice Plus Network***

The Administration's review of the UHIC 2020 Access Plan for the Choice/Choice Plus network has found that the access standards in COMAR 31.10.44.04 were not met for the following, based on the data self-reported by UHIC. All other access standards in COMAR 31.10.44 were met.

Travel Distance Standards

1. Allergy and Immunology providers met the required standard for 99.8% of suburban enrollees, leaving 42 members outside the travel distance standard of thirty miles in one zip code.
2. Applied behavioral analyst providers met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of fifteen miles in one zip code. The standard was met for 99.4% of suburban enrollees, leaving 111 members outside the travel distance standard of thirty miles in four zip codes. The standard was met for 99.8% of rural enrollees, leaving 36 members outside the travel distance standard of sixty miles in five zip codes.
3. Dermatology providers met the required standard for 99.9% of urban enrollees, leaving 22 members outside the travel distance standard of ten miles in one zip code.
4. Gastroenterology providers met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of ten miles in one zip code.
5. Gynecology, OB/GYN providers met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of five miles in one zip code. The standard was met for 99.9% of suburban enrollees, leaving 26 members outside the travel distance standard of ten miles in three zip codes.
6. Neurology providers met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of ten miles in one zip code.
7. Oncology - medical and surgical providers met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of ten miles in one zip code.
8. Oncology - radiation/radiation oncology providers met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of fifteen miles in one zip code.
9. Ophthalmology providers met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of ten miles in one zip code.

10. Pediatrics - routine/primary care providers met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of five miles in one zip code. The standard was met for 99.9% of suburban enrollees, leaving 5 members outside the travel distance standard of ten miles in two zip codes.
11. Urology providers met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of ten miles in one zip code.
12. Acute inpatient hospital facilities met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of ten miles in one zip code.
13. Diagnostic radiology facilities met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of ten miles in one zip code.
14. Inpatient psychiatric facilities met the required standard for 99.6% of suburban enrollees, leaving 72 members outside the travel distance standard of forty-five miles in two zip codes.
15. Outpatient dialysis facilities met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of ten miles in one zip code.
16. Skilled nursing facilities met the required standard for 99.8% of urban enrollees, leaving 32 members outside the travel distance standard of ten miles in one zip code.
17. Surgical services (outpatient or ambulatory surgical center) facilities met the required standard for 99.9% of urban enrollees, leaving 14 members outside the travel distance standard of ten miles in one zip code.
18. Other behavioral health/substance abuse facilities met the required standard for 99.2% of urban enrollees, leaving 82 members outside the travel distance standard of ten miles in two zip codes.

### ***UHIC 2019 Access Plan Consent Order***

On April 22, 2021, the Administration and UHIC entered into a Consent Order to resolve matters related to the UHIC 2019 Access Plans. In 2019, UHIC filed access plans for two networks, the Choice/Choice Plus network and the Core/Navigate network. The Administration had concluded in the Consent Order that UHIC violated § 15-112 of the Insurance Article and COMAR 31.10.44.03C by filing access plans that failed to comply with certain required travel distance standards and appointment waiting time standards and by failing to demonstrate that at least thirty percent of the available essential community providers in each of the urban, rural, and suburban areas are included in each of the networks. The Administration imposed an administrative penalty on UHIC of \$40,000 for the violations, but suspended the penalty pending the Administration's (i) review of the access plans submitted by UHIC in 2021, including a

consideration of any waiver requested by UHIC as permitted by COMAR 31.10.44.07; (ii) determination as to whether the 2021 access plans substantiate representations made by UHIC related to its intent to improve its compliance with the access standards; (iii) review of all evidence submitted by UHIC demonstrating good faith efforts to meet all applicable standards; and (iv) based on such review and determination, decision on whether the administrative penalty should be paid, reduced, or rescinded. The Consent Order also provided that a waiver granted to UHIC related to the 2021 access plans may be considered a demonstration of UHIC's improvement of the same standard when the Administration makes its decision on whether the administrative penalty should be paid, reduced, or rescinded.

The data reported in the UHIC 2020 Access Plans demonstrated that UHIC met the requirement that at least 30 percent of the available essential community providers in each of the urban, rural, and suburban areas are included in the networks and this information was included in the executive summaries. UHIC has improved compliance with the appointment waiting time standards. For the Choice/Choice Plus network and the Core/Navigate network, the 72-hour standard for urgent care was met for only 92% of enrollees in 2019 and improved to being met for 100% of enrollees in 2020. In 2020, the data reported for the UHIC Core and Options PPO networks revealed that all access standards were met. The UHIC 2020 Access Plan data for the Choice/Choice Plus network showed that compliance with the travel distance standards remained about the same; twenty-three deficient categories in 2019, twenty-two in 2020, with all deficiencies within 99% for both years.

The UHIC 2020 Access Plans show some improvement in compliance with the access standards, but there continue to be areas where the travel distance standards are not met, as noted above. Additionally, UHIC's description of its methodology for measuring the appointment waiting time standard, including how telehealth appointments were accounted for in the calculation, lacked detail and specificity in certain areas. Further clarification of the methodology will be expected with respect to the UHIC 2021 Access Plans, which were submitted on July 1, 2021, and are currently under review by the Administration. Upon completion of the review, a determination will be made on whether the administrative penalty should be paid, reduced, or rescinded.

UHIC has the right to request a hearing on this determination letter in accordance with § 2-210 of the Insurance Article. A request for a hearing must be made in writing and received by the Administration within thirty (30) days of the date of this letter. The rules for requesting a hearing are set forth in COMAR 31.02.01.

Very truly yours,



David Cooney  
Associate Commissioner  
Life and Health

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