

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lt. Governor



KATHLEEN A. BIRRANE
Commissioner

GREGORY M. DERWART
Deputy Commissioner

DAVID COONEY
Associate Commissioner
Life and Health

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2170 Fax: 410-468-2204
Email: david.cooney@maryland.gov
410-468-2000 1-800-492-6116
TTY: 1-800-735-2258
www.insurance.maryland.gov

December 20, 2021

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

Re: Optimum Choice, Inc. ("OCI")
Network Adequacy Filing 2020

Dear Ms. Stecki:

The Maryland Insurance Administration ("Administration") has completed its review of the OCI 2020 Network Adequacy Access Plan (the "OCI 2020 Access Plan") filed on July 1, 2020, supplemented with additional information and documentation on September 30, 2020, March 1, 2021, May 7, 2021, August 6, 2021 and November 29, 2021. This filing was made pursuant to § 15-112(c)(2)(i) of the Insurance Article and COMAR 31.10.44.

OCI 2020 Access Plan

The Administration's review of the OCI 2020 Access Plan 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 OCI. 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% of suburban enrollees, leaving 71 members outside the travel distance standard of thirty miles in one zip code.
2. Applied behavioral analyst providers met the required standard for 99.7% of urban enrollees, leaving 22 members outside the travel distance standard of fifteen miles in one zip code. The standard was met for 97.6% of suburban enrollees, leaving 174 members outside the travel distance standard of thirty miles in four zip codes. The standard was

met for 99.4% of rural enrollees, leaving 81 members outside the travel distance standard of sixty miles in six zip codes.

3. Dermatology providers met the required standard for 99.8% of urban enrollees, leaving 15 members outside the travel distance standard of ten miles in one zip code.
4. Gastroenterology providers met the required standard for 99.7% of urban enrollees, leaving 22 members outside the travel distance standard of ten miles in one zip code.
5. Gynecology, OB/GYN providers met the required standard for 99.7% of urban enrollees, leaving 22 members outside the travel distance standard of five miles in one zip code. The standard was met for 99.4% of suburban enrollees, leaving 40 members outside the travel distance standard of ten miles in three zip codes.
6. Neurology providers met the required standard for 99.7% of urban enrollees, leaving 22 members outside the travel distance standard of ten miles in one zip code.
7. Oncology - medical and surgical providers met the required standard for 99.7% of urban enrollees, leaving 22 members outside the travel distance standard of ten miles in one zip code.
8. Oncology - radiation/radiation oncology providers met the required standard for 99.7% of urban enrollees, leaving 22 members outside the travel distance standard of fifteen miles in one zip code.
9. Ophthalmology providers met the required standard for 99.7% of urban enrollees, leaving 22 members outside the travel distance standard of ten miles in one zip code.
10. Pediatrics - routine/primary care providers met the required standard for 99.7% of urban enrollees, leaving 22 members outside the travel distance standard of five miles in one zip code. The standard was met for 99.8% of suburban enrollees, leaving 12 members outside the travel distance standard of ten miles in three zip codes.
11. Urology providers met the required standard for 99.7% of urban enrollees, leaving 22 members outside the travel distance standard of ten miles in one zip code.
12. Acute inpatient hospital facilities met the required standard for 99.7% of urban enrollees, leaving 22 members outside the travel distance standard of ten miles in one zip code.
13. Diagnostic radiology facilities met the required standard for 99.7% of urban enrollees, leaving 22 members outside the travel distance standard of ten miles in one zip code. The standard was met for 99.9% of suburban enrollees, leaving 7 members outside the travel distance standard of thirty miles in one zip code.

14. Inpatient psychiatric facilities met the required standard for 98.5% of suburban enrollees, leaving 111 members outside the travel distance standard of forty-five miles in two zip codes.
15. Outpatient dialysis facilities met the required standard for 99.7% of urban enrollees, leaving 22 members outside the travel distance standard of ten miles in one zip code.
16. Skilled nursing facilities met the required standard for 99.7% of urban enrollees, leaving 22 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 99.7% of urban enrollees, leaving 9 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 99.4% of urban enrollees, leaving 47 members outside the travel distance standard of ten miles in two zip codes.

OCI 2019 Access Plan Consent Order

On April 19, 2021, the Administration and OCI entered into a Consent Order to resolve matters related to the OCI 2019 Access Plan. The Administration had concluded in the Consent Order that OCI violated § 15-112 of the Insurance Article and COMAR 31.10.44.03C by filing an access plan 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 the network. The Administration imposed an administrative penalty on OCI of \$40,000 for the violations, but suspended the penalty pending the Administration's (i) review of the access plan submitted by OCI in 2021, including a consideration of any waiver requested by OCI as permitted by COMAR 31.10.44.07; (ii) determination as to whether the 2021 access plan substantiates representations made by OCI related to its intent to improve its compliance with the access standards; (iii) review of all evidence submitted by OCI 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 OCI related to the 2021 access plan may be considered a demonstration of OCI's improvement of the same standard when the Administration makes its decision on whether the administrative penalty should be paid, reduced, or rescinded.

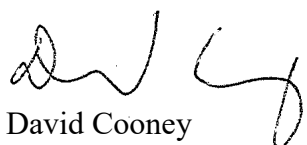
The data reported in the OCI 2020 Access Plan demonstrated that OCI met the requirement that at least 30 percent of the available essential community providers in each of the urban, rural, and suburban areas are included in the network and this information was included in the executive summary. OCI has improved compliance with the appointment waiting time standards. 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. The OCI 2020 Access Plan data showed that compliance with the travel distance standards slightly declined. In 2019, OCI reported twenty-three categories where the standards were not met, however all deficiencies were within 99%. In 2020, there were

again twenty-three categories with deficiencies, but for two of the categories, the standards were met at less than 99% (applied behavioral analyst, suburban, 97.6%; and inpatient psychiatric facility, suburban, 98.5%).

The OCI 2020 Access Plan shows 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, OCI'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 OCI 2021 Access Plan, which was submitted on July 1, 2021, and is 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.

OCI 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,

A handwritten signature in black ink, appearing to read 'David Cooney', written in a cursive style.

David Cooney
Associate Commissioner
Life and Health