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October 4, 2024

Ms. Arpita Dumra
Senior Regulatory Affairs Analyst
UnitedHealthcare of the Mid-Atlantic, Inc.
4 Taft Court
Rockville, MD 20850

Re: UnitedHealthcare of the Mid-Atlantic, Inc. ("UHCMA")
2023 UHCMA Choice Network Adequacy Access Plan
2023 UHCMA Core Network Adequacy Access Plan
2023 UHCMA Navigate Network Adequacy Access Plan
(Collectively, "the UHCMA 2023 Access Plans")

Dear Ms. Dumra:

The Maryland Insurance Administration ("Administration") has completed its review of the UHCMA 2023 Access Plans filed on October 2, 2023, supplemented with additional information and documentation on December 7, 2023, January 8, 2024, February 1, 2024, May 7, 2024, May 8, 2024, June 24, 2024, and June 28, 2024. This filing was made pursuant to § 15-112(c)(2)(i) of the Insurance Article and COMAR 31.10.44.

The Administration's review of the UHCMA 2023 Access Plans has found that the access standards in COMAR 31.10.44.05 and .06 were not met for the following, based on the data self-reported by UHCMA. All other access standards in COMAR 31.10.44 were met.

Travel Distance Standards

In addition to the specific provider and facility types listed in the chart in COMAR 31.10.44.04A(5), UHCMA reported separate travel distance metrics for 16 additional provider types, which, in previous reporting years, had been reported together under the categories "All Other licensed or certified providers under contract with a carrier not listed" and "All other licensed or certified facilities under contract with a carrier not listed." For the following facility type and geographic region, UHCMA reported that less than 100% of enrollees had access to a

participating provider with a practicing location within the applicable maximum travel distance standard:

UHCMA Choice Network Adequacy Access Plan

| Provider/Facility | Geographic Region | Percentage of Enrollees within Standard |
|---|--------------------------|--|
| Addiction Medicine | Urban | 93.9% |
| Acute Inpatient Hospitals | Urban | 99.9% |
| Ambulatory Infusion Centers | Urban | 99.9% |
| Critical Care Services-Intensive Care Units | Urban | 99.9% |
| Residential Crisis Services | Urban | 5% |
| | Suburban | 92.6% |

Additionally, of the 16 additional provider types that were listed together in previous years under the “All Others...” categories, UHCMA Choice reported a deficiency for four of them in at least one zip code.

UHCMA Core 2023 Network Adequacy Access Plan

| Provider/Facility | Geographic Region | Percentage of Enrollees within Standard |
|---|--------------------------|--|
| Addiction Medicine | Urban | 88.1% |
| | Suburban | 97.8% |
| ENT/Otolaryngology | Suburban | 99.8% |
| Acute Inpatient Hospitals | Urban | 98.3% |
| Ambulatory Infusion Centers | Urban | 98.3% |
| Critical Care Services-Intensive Care Units | Urban | 98.3% |
| Residential Crisis Services | Urban | 2% |
| | Suburban | 93.7% |
| | Rural | 92.4% |

Additionally, of the 16 additional provider types that were listed together in previous years under the “All Others...” categories, UHCMA Core reported a deficiency for seven of them in at least one zip code.

UHCMA Navigate Network Adequacy Access Plan

| Provider/Facility | Geographic Region | Percentage of Enrollees within Standard |
|---|--------------------------|--|
| Addiction Medicine | Urban | 86.3% |
| | Suburban | 99.3% |
| Acute Inpatient Hospitals | Urban | 97.8% |
| Ambulatory Infusion Centers | Urban | 97.8% |
| Critical Care Services-Intensive Care Units | Urban | 97.8% |
| Residential Crisis Services | Urban | 6.5% |
| | Suburban | 97% |
| | Rural | 94% |
| Substance Use Disorder Residential Treatment Facility | Rural | 99.4% |

Additionally, of the 16 additional provider types that were listed together in previous years under the “All Others...” categories UHCMA reported a deficiency for six of them in at least one zip code.

Travel Distance Waivers and Other Mitigating Factors

UHCMA provided the information required by COMAR 31.10.44.09A for most of the unmet travel distance standards described above. The Administration has found good cause to grant a waiver of the applicable travel distance standard for the following because UHCMA demonstrated that providers necessary for an adequate network were not available for the following provider and facility types:

- Addiction Medicine
- Acute Inpatient Hospitals
- Ambulatory Infusion Centers
- Critical Care Services-Intensive Care Units
- Substance Use Disorder Residential Treatment Facility

The Administration determined that UHCMA provided sufficient information for the deficient service types listed above to demonstrate that providers necessary to meet the travel distance standards were not available in sufficient numbers. The information provided by UHCMA included:

- Descriptions of efforts to locate any additional facilities within the required distance standard for each deficient service type and zip code using the Maryland Active Provider Directory and online searches;

- Declarations that the efforts to locate additional providers revealed that UHCMA is already contracted with the nearest facility for the deficient service types listed above, and that there are no others currently available within standard.

The waivers of the travel distance standard for the providers and facilities listed above apply only to the access plan filings submitted in 2023. In order for the Administration to consider granting waivers of the travel distance standards in subsequent years for the provider types and zip codes where UHCMA reported inadequate availability of providers and facilities, UHCMA will need to provide a more detailed description of recruitment resources and, if applicable, a reasonable explanation for not completing the recruitment resource table in the required waiver template.

For the remaining provider and facility types where UHCMA reported a deficiency, the Administration determined that the carrier failed to provide sufficient information to demonstrate that the conditions necessary for the granting of a waiver as described in COMAR 31.10.44.09(A)(B) were satisfied. However, the Administration notes that these deficiencies are either marginal in nature and only impacting a minimal number of enrollees, or are related to new travel distance standards that were effective for the first time in 2023 under the revised network adequacy regulations. In Bulletin 23-8, issued on May 5, 2023, the Administration advised carriers that when reviewing the 2023 network access plan filings and evaluating compliance with the new standards, the Administration would take into consideration the fact that the reports were required to be filed shortly after the effective date of the revised regulations in determining deficiencies and the regulatory response to such deficiencies.

Consequently, the Administration has determined in its exercise of enforcement discretion, not to impose a penalty for these travel distance deficiencies. For Residential Crisis Services and the seven additional "All Other" provider type referenced above where UHCMA reported a deficiency in at least one zip code for the UHCMA 2023 access plans, the Administration considered that UHCMA provided a detailed description of the steps it will take to address the deficiencies and achieve compliance for the 2024 access plan filings and demonstrated that all reasonable good faith efforts to comply with the standards were undertaken following adoption of the final regulations. For ENT/Otolaryngology, the Administration considered the lack of seriousness of the deficiency and the minimal number of enrollees impacted.

While the Administration determined that a penalty for failure to meet the travel distance standard and for the incomplete waiver information submission was not warranted for 2023, the Administration expects UHCMA's 2024 access plan to demonstrate significant improvement in compliance with the standard and in the quality of its waiver information. UHCMA must specifically address each waiver template item in every zip code where there is an unmet standard. Statements that the nearest contracted provider or facility is within x miles of that standard may be included as an additional extenuation, but cannot substitute for documentation of search efforts to identify new recruitment targets.

Essential Community Provider Standards

The data self-reported by UHCMA in its 2023 access plans showed that the essential community provider (ECP) inclusion standard of 30% for the category of Substance Use Disorder services in suburban and urban geographic areas were not met.

| ECP Service Type | Standard | Urban Compliance Percentage | Suburban Compliance Percentage |
|---------------------------------|-----------------|------------------------------------|---------------------------------------|
| Substance Use Disorder Services | 30% | 18.8% | 16% |

UHCMA provided the information required by COMAR 31.10.44.09A for each unmet ECP inclusion standard described above. The Administration has considered the information provided by UHCMA, and has determined that the carrier failed to provide sufficient information to demonstrate that the conditions necessary for the granting of a waiver as described in COMAR 31.10.44.09B were satisfied. However, UHCMA provided information demonstrating that the failure to meet the ECP inclusion standard for 2023, after UHCMA consistently reported exceeding the ECP standard in prior reporting years, was due to the regulatory changes to the definitions and methodologies for calculating the revised standard under the new network adequacy regulations. The drop in the reported compliance percentages was not caused by a proportional loss of previously contracted ECPs.

The Administration advised carriers in Bulletin 23-8 that the Administration would take into consideration the fact that the reports were required to be filed shortly after the effective date of the revised regulations in determining deficiencies and the regulatory response to such deficiencies. Consequently, the Administration has determined in its exercise of enforcement discretion, not to impose a penalty for the ECP inclusion standard for the UHCMA 2023 Access Plans. Based on the information provided by UHCMA, the Administration determined there was insufficient time between the finalization of the revised regulations and the due date of the 2023 access plan filings for UHCMA to identify, recruit, credential, and contract with a sufficient number of ECPs necessary to meet the inclusion standard under the revised methodology. UHCMA provided a description of the steps it will take to address the deficiencies and achieve compliance for the 2024 access plan filings and demonstrated that all reasonable good faith efforts to comply with the standards were undertaken following adoption of the final regulations.

Appointment Waiting Time Standards

The data self-reported by UHCMA disclosed that the percentage of available in-person appointments meeting standard in the following service types was less than 90%:

| Appointment / Service Type | Standard | % of Standard Met |
|--|-----------------|--------------------------|
| Inpatient Urgent Care for Mental Health Services | 72 hours | Report unavailable* |

| Appointment / Service Type | Standard | % of Standard Met |
|--|------------------|--------------------------|
| Inpatient Urgent Care for Substance Use Disorder Services | 72 hours | Report unavailable* |
| Outpatient urgent care for mental health services | 72 hours | 68.4% |
| Outpatient urgent care for substance use disorder services | 72 hours | 72.4% |
| Non-urgent mental health care | 10 calendar days | 82.7% |
| Non-urgent substance use disorder care | 10 calendar days | 86.6% |

*UHCMA reported that it was unable to collect the data for the 2023 filing year because its vendor survey statement of work did not include surveying network facilities for Inpatient Urgent Care Mental Health Services or Inpatient Urgent Care for Substance Use Disorder Services. To meet the requirement, UHCMA reported that it designed an in-house survey to distribute to all participating facilities and the identified appropriate respondent. The subsequent deployment was completed in May 2024 and will be repeated in October 2024.

For the other appointment waiting time categories of Urgent care for medical services, Routine Primary Care, Preventative Visit Care/Well Visit and Non-urgent Specialty Care, UHCMA reports meeting the required 90% standard based on provider survey results. Supporting documentation, including provider survey results, were included in the 2023 UHCMA access plans to validate the reported values.

UHCMA provided the information required by COMAR 31.10.44.09A for each unmet appointment waiting time standard described above. The Administration has considered the information provided by UHCMA, and has determined that the carrier failed to provide sufficient information to demonstrate that the conditions necessary for the granting of a waiver as described in COMAR 31.10.44.09B were satisfied. However, UHCMA provided information demonstrating that the failure to meet the applicable waiting time standards was due to the regulatory changes in the methodology for measuring appointment waiting time, and insufficient time to address previously unidentified deficiencies for new categories of appointments. In accordance with Bulletin 23-8, the Administration has determined in its exercise of enforcement discretion, not to impose a penalty for the appointment waiting time deficiencies for 2023 for the following reasons:

- UHCMA provided a detailed description of the steps it will take to address the deficiencies and achieve compliance for the 2024 access plan filings and demonstrated that all reasonable good faith efforts to comply with the standards were undertaken following adoption of the final regulations;
- The information submitted by UHCMA in accordance with COMAR 31.10.44.09A, while not sufficient to justify a waiver of the standards, did demonstrate that the failure to

meet the standards was partly caused by an insufficient number of in-person or hybrid services providers available to contract with UHCMA;

- UHCMA included a description of its efforts to locate additional in-person medical specialty providers, mental health, and substance use disorder providers using external sources such as the public provider directories of other carriers, Maryland's Active Providers Directory, and online searches.

This determination letter is limited to review of the UHCMA 2023 Access Plans and is independent of the Administration's review of any other Network Adequacy Access Plans and submissions in connection thereof which are filed by UHCMA. The enforcement discretion exercised for 2023 does not extend to access plan filings submitted for 2024, and the Administration expects to see significant improvement in compliance levels for the 2024 plans.

UHCMA 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,

Pam O'Brien

Pam O'Brien
Network Adequacy Analyst III
Mental Health Parity and Network Adequacy
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