

WES MOORE  
Governor

ARUNA MILLER  
Lt. Governor



MARIE GRANT  
Acting 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: [pamela.obrien@maryland.gov](mailto:pamela.obrien@maryland.gov)  
410-468-2000 1-800-492-6116  
TTY: 1-800-735-2258  
[www.insurance.maryland.gov](http://www.insurance.maryland.gov)

October 4, 2024

Ms. Arpita Dumra  
Senior Regulatory Affairs Analyst  
UnitedHealthcare Insurance Company  
185 Asylum Street  
Hartford, CT 06103

Re: UnitedHealthcare Insurance Company (“UHIC”)  
2023 UHIC Choice Network Adequacy Access Plan  
2023 UHIC Core Network Adequacy Access Plan  
2023 UHIC Navigate Network Adequacy Access Plan  
2023 UHIC Options Network Adequacy Access Plan  
(Collectively, “the UHIC 2023 Access Plans”)

Dear Ms. Dumra:

The Maryland Insurance Administration (“Administration”) has completed its review of the UHIC 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 2, 2024, May 6, 2024, May 8, 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 UHIC 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 UHIC. 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), UHIC 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, UHIC reported that less than 100% of enrollees had access to a participating provider with a practicing location within the applicable maximum travel distance standard:

***UHIC Choice Network Adequacy Access Plan***

<b>Provider/Facility</b>	<b>Geographic Region</b>	<b>Percentage of Enrollees within Standard</b>
Addiction Medicine	Urban	94%
	Suburban	98.9%
Gynecology, OB/GYN, Nurse-Midwifery/Certified Midwifery	Urban	99.9%
	Suburban	99.9%
Neurology	Urban	99.9%
Pediatrics-Routine/Primary Care	Urban	99.5%
	Suburban	99.9%
Acute Inpatient Hospitals	Urban	99.8%
Ambulatory Infusion Centers	Urban	99.8%
Critical Care Services-Intensive Care Units	Urban	99.8%
Residential Crisis Services	Urban	9.5%
	Suburban	95.5%
	Rural	95.9%
Substance Use Disorder Residential Treatment Facility	Suburban	99.9%
	Rural	99.8%

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

***UHIC Core 2023 Network Adequacy Access Plan***

<b>Provider/Facility</b>	<b>Geographic Region</b>	<b>Percentage of Enrollees within Standard</b>
Addiction Medicine	Urban	88.7%
	Suburban	93.9%
Acute Inpatient Hospitals	Urban	95.8%
Ambulatory Infusion Centers	Urban	95.8%
Critical Care Services-Intensive Care Units	Urban	95.8%
Residential Crisis Services	Urban	6.8%
	Suburban	98.2%

<b>Provider/Facility</b>	<b>Geographic Region</b>	<b>Percentage of Enrollees within Standard</b>
	Rural	86%

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

***UHIC Navigate Network Adequacy Access Plan***

<b>Provider/Facility</b>	<b>Geographic Region</b>	<b>Percentage of Enrollees within Standard</b>
Residential Crisis Services	Urban	0%
	Suburban	95.3%

***UHIC Options Network Adequacy Access Plan***

The UHIC Options Executive Summary reported 100% compliance with the travel distance standard in all geographic areas for Residential Crisis Services and for Substance Use Disorder Residential Treatment Facility. However, the access plan’s supporting documentation and waiver information submission indicated that one member in five urban zip codes was outside of the standard in each of these two service types.

For the UHIC Options 2023 Access Plan, of the 16 additional provider types that were listed together in previous years under “All Other...” categories, UHIC reported a deficiency for two of them in at least one zip code.

**Travel Distance Waivers and Other Mitigating Factors**

UHIC provided the information required by COMAR 31.10.44.09A for each unmet travel distance standard described above. The Administration has considered the information provided by UHIC, and has found good cause to grant a waiver of the applicable travel distance standard for the UHIC 2023 Access Plans for the following provider and facility types: Addiction Medicine; Gynecology, OB/GYN, Nurse-Midwifery/Certified Midwifery; Neurology; Pediatrics-Routine/Primary Care; Acute Inpatient Hospitals; Ambulatory Infusion Centers; Critical Care Services-Intensive Care Units; and Substance Use Disorder Residential Treatment Facility to demonstrate that facilities necessary to meet the travel distance standards were not available to contract with the carrier. The information provided by UHIC 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 UHIC 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.

For the remaining provider and facility types where UHIC reported a deficiency, the Administration has determined that the information UHIC provided in accordance with COMAR 31.10.44.09(A)(B) was insufficient to justify a waiver of the travel distance standards for the 2023 UHIC Access Plans. The required waiver information was completely missing for the additional provider types that were listed together in previous years under the “All Other...” categories.

The Administration notes that these deficiencies 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 where UHIC reported a deficiency in at least one zip code for the UHIC 2023 Access Plans, the Administration considered that UHIC 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.

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 UHIC’s 2024 Access Plans to demonstrate significant improvement in compliance with the standards and in the quality of its waiver information. UHIC 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 UHIC 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.

<b>ECP Service Type</b>	<b>Standard</b>	<b>Urban Compliance Percentage</b>	<b>Suburban Compliance Percentage</b>
Substance Use Disorder Services	30%	18.8%	16%

UHIC 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 UHIC, 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, UHIC provided information demonstrating that the failure to meet the ECP inclusion standard for 2023, after UHIC 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 UHIC 2023 Access Plans. Based on the information provided by UHIC, 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 UHIC to identify, recruit, credential, and contract with a sufficient number of ECPs necessary to meet the inclusion standard under the revised methodology. UHIC 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 UHIC disclosed that the percentage of available in-person appointments meeting standard in the following service types was less than 90%:

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

<b>Appointment / Service Type</b>	<b>Standard</b>	<b>% of Standard Met</b>
Non-urgent mental health care	10 calendar days	82.7%
Non-urgent substance use disorder care	10 calendar days	86.6%

\*UHIC 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, UHIC 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, UHIC reports meeting the required 90% standard based on provider survey results. Supporting documentation, including provider survey results, were included in the 2023 UHIC access plans to validate the reported values.

UHIC 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 UHIC, 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, UHIC 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:

- UHIC 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 UHIC 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 UHIC;
- UHIC 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 UHIC 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 UHIC. 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.

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,

*Pam O'Brien*

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