



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Market Conduct Report

of

United Behavioral Health

April 24, 2020

From January 16, 2019 through September 17, 2019, the Market Conduct Division of the Connecticut Insurance Department examined the utilization review practices of United Behavioral Health (the Company), using a sample period of January 1, 2017 through December 31, 2017. The examination was limited to Connecticut enrollees.

United Behavioral Health has its home office in the State of California and is licensed as a utilization review entity in the State of Connecticut under license number 200000880. 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-six (186) sample files, which included complaints and approved, denied and appeal certifications during the examination period.

The Department's findings are as follows:

- The examiners verified that three (3) determinations not to certify care were not made within the required 15 days of the receipt of the request for review, upon the receipt of all information reasonably required to make denial determinations.
- The examiners verified that four (4) determinations not to certify care failed to provide proper Connecticut external appeal language.
- The examiners verified that ten (10) appeal determinations failed to provide proper Connecticut external appeal language.
- The examiners verified that forty-one (41) 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 six (6) appeal determinations failed to provide the qualifying credentials of the reviewing physician.
- The examiners verified that eight (8) appeal determinations failed to contain a Connecticut external application form and consumer guide to appeal to the Connecticut Insurance Commissioner.

- The examiners verified that twenty-seven (27) appeal determinations failed to provide only the current link to such rule, guideline, protocol or other similar criterion of such health carrier's Internet web site in order to access the clinical criteria online as one is outdated as of September 2013.
- The examiners verified that thirty-eight (38) determinations not to certify care failed to provide only the current link to such rule, guideline, protocol or other similar criterion of such health carrier's Internet web site in order to access the clinical criteria online as one is outdated as of September 2013.
- The examiners verified that fifty-three (53) determinations not to certify care failed to provide the links to such rule, guideline, protocol or other similar criterion of such health carrier's Internet web site in order to access the clinical criteria online.
- The examiners verified that five (5) appeal determinations failed to provide the links to such rule, guideline, protocol or other similar criterion of such health carrier's Internet web site in order to access the clinical criteria online.

It is recommended that the Company review its policies and procedures to ensure that denial determinations are made within the 15 day requirement, proper Connecticut external appeal language is provided for determinations not to certify care and appeal determinations, appeal determinations note the qualifying conditions of the reviewing physician, to issue a Connecticut external application form and consumer guide to appeal when applicable, and only a current link to access such rule, guideline, protocol or other similar criterion of such health carrier's Internet web site is included in determinations not to certify care and appeal determinations, as required by statute.

In addition, the issue concerning the American Society of Addiction Medicine (ASAM) criteria will be handled separately from this examination.



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

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IN THE MATTER OF : DOCKET MC 20-36
United Behavioral Health :
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STIPULATION AND CONSENT ORDER

It is hereby stipulated and agreed between United Behavioral Health 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 Behavioral Health:

1. United Behavioral Health, hereinafter referred to as Respondent, is domiciled in the State of California and is licensed to transact the business of a utilization review entity in the State of Connecticut under license number 200000880.
2. From January 16, 2019 through September 17, 2019, the Department conducted an examination of Respondent’s utilization review practices in the State of Connecticut covering the period from January 1, 2017 through December 31, 2017.
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 15 days of the receipt of the request for review, upon the receipt of all information reasonably required to make denial determinations.
 - b. providing proper Connecticut external appeal language.
 - c. providing qualifying credentials of the reviewing physician.
 - d. providing an external application form to appeal to the Connecticut Insurance Commissioner.
 - e. providing a web link to access the clinical criteria online.
4. The conduct as described above violates §38a-591b and §38a-591d 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 admits to the allegations contained in paragraphs three and four of Article I of this Stipulation; and
2. WHEREAS, Respondent agrees to review its utilization review practices and procedures 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 \$25,000.00 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 Twenty-Five Thousand Dollars (\$25,000.00) for the violations herein above described.

UNITED BEHAVIORAL HEALTH

BY: 

(Representative of Utilization Review Entity)

CERTIFICATION

The undersigned deposes and says that he/she has duly executed this Stipulation and Consent Order on this 9 day of June 2020 for and on behalf of United Behavioral Health that he/she is the CEO of such company, and he/she has authority to execute and file such instrument.

BY: Rebecca Schechter

State of Massachusetts

County of Norfolk

Personally appeared on this 9th day of June 2020,

Rebecca Schechter signer and sealer of the foregoing Stipulation and Consent Order, acknowledged same to be his/her free act and deed before me.

Marie A. Yered
Notary Public/Commissioner of the Superior Court



Section Below To Be Completed by State of Connecticut Insurance Department

Dated at Hartford, Connecticut this 22 day of June 2020.

Andrew N. Mais
Insurance Commissioner