IN THE DEPARTMENT OF COMMERCE AND INSURANCE
STATE OF MISSOURI

In Re:	)	
	)	
UNITEDHEALTHCARE OF THE	)	**Market Conduct Examination #1107-44-TGT**
MIDWEST, INC. (NAIC #96385)	)	**NAIC Exam Tracking # MO341-M10**

ORDER OF THE DIRECTOR

NOW, on this 15th day of July, 2020, Director, Chlora Lindley-Myers, after consideration and review of the market conduct examination report of UnitedHealthcare of the Midwest, Inc. (NAIC #96385) (hereinafter "UHC"), examination report number 1107-44-TGT, prepared and submitted by the Division of Insurance Market Regulation (hereinafter "Division") pursuant to §374.205.3(3)(a)[1], does hereby adopt such report as filed. After consideration and review of the Stipulation of Settlement ("Stipulation"), relating to the market conduct examination no. 1107-44-TGT, the examination report, relevant work papers, and any written submissions or rebuttals, the findings and conclusions of such report are deemed to be the Director's findings and conclusions accompanying this order pursuant to §374.205.3(4). The Director does hereby issue the following orders:

This order, issued pursuant to §374.205.3(4), §374.280 RSMo, and §374.046.15. RSMo, is in the public interest.

IT IS THEREFORE ORDERED that UHC and the Division having agreed to the Stipulation, the Director does hereby approve and agree to the Stipulation.

IT IS FURTHER ORDERED that UHC shall not engage in any of the violations of law and regulations set forth in the Stipulation, shall implement procedures to place it in full compliance with the requirements in the Stipulation and the statutes and regulations of the State of Missouri, and to maintain those corrective actions at all times, and shall fully comply with all terms of the Stipulation.

[1] All references, unless otherwise noted, are to Missouri Revised Statutes 2016 as amended.

IT IS SO ORDERED.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of my office in Jefferson City, Missouri, this 15th day of July, 2020.

Chlora Lindley-Myers
Director

IN THE DEPARTMENT OF COMMERCE AND INSURANCE
STATE OF MISSOURI

In Re:	)	
	)	
UNITEDHEALTHCARE OF THE MIDWEST, INC. (NAIC #96385)	)	**Market Conduct Examination #1107-44-TGT**
	)	**NAIC Exam Tracking # MO341-M10**
	)	

STIPULATION OF SETTLEMENT

It is hereby stipulated and agreed by the Division of Insurance Market Regulation (hereinafter, the "Division"), and UnitedHealthcare of the Midwest, Inc. (NAIC #96385) (hereinafter "UHC"), as follows:

WHEREAS, the Division is a unit of the Missouri Department of Commerce and Insurance (hereinafter, the "Department"), an agency of the State of Missouri, created and established for administering and enforcing all laws in relation to insurance companies doing business in the State of Missouri; and

WHEREAS, UHC has been granted a certificate of authority to transact the business of insurance in the State of Missouri; and

WHEREAS, the Division conducted a Market Conduct Examination of UHC, examination #1107-44-TGT; and

WHEREAS, based on the Market Conduct Examination of UHC, the Division alleges that:

1. UHC issued Certificate of Coverages to members of an employer group, which included a dollar limitation for chiropractic care in violation of §376.1230[1].

2. In twelve instances, UHC failed to document its claim files clearly showing the inception, handling and disposition of the claims in violation of §374.205.2(2), 20 CSR 100-8.040(3)(B), and implicating the provisions of §375.1007(3).

[1] All references, unless otherwise noted, are to Revised Statutes of Missouri 2016, as amended.

3. In two instances, UHC incorrectly denied claims as duplicates when the claims were not duplicates implicating the provisions of §375.1007 (3), (4) and (6).

4. UHC aided a third party administrator in the violation of §376.1092.1 by utilizing Wipro to administer claims for Missouri residents, prior to Wipro obtaining a valid certificate of authority from the Director to act as a third party administrator in violation of §376.1092.1.

5. In three instances, UHC failed to provide timely responses to some information requests in violation of §374.205.2(2) and 20 CSR 100-8.040(6).

WHEREAS, the Division and UHC have agreed to resolve the issues raised in the Market Conduct Examination as follows:

A. **Scope of Agreement.** This Stipulation of Settlement and Voluntary Forfeiture (hereinafter, "Stipulation") embodies the entire agreement and understanding of the signatories with respect to the subject matter contained herein. The signatories hereby declare and represent that no promise, inducement or agreement not herein expressed has been made, and acknowledge that the terms and conditions of this agreement are contractual and not a mere recital.

B. **Remedial Action.** UHC agrees to take remedial action bringing it into compliance with the statutes and regulations of Missouri and agree to maintain those remedial actions at all times. Such remedial actions shall include, but are not limited to, the following:

1. UHC represents that it is not actively marketing, issuing, or renewing commercial HMO insurance business in Missouri. Prior to resuming marketing or issuing commercial HMO insurance business in Missouri, UHC agrees to conduct business in conformity with the Missouri insurance laws and make any filings with the Department as may be required by law.

2. UHC agrees to provide the Department with a compliance plan to ensure that all third party administrators utilized by UHC are properly licensed in Missouri prior to selling UHC products, collecting charges or premiums from, or adjusting or settling claims on residents of this

state. UHC further agrees to conduct an audit of all TPAs operating on its behalf in Missouri, at least semiannually[2], to verify whether the TPAs are administering policies in accordance with the policy and Missouri law.

C. **Compliance.** UHC agrees to file documentation with the Division, in a format acceptable to the Division, within 30 days of the entry of a final order of any remedial action taken to implement compliance with the terms of this Stipulation. Such documentation is provided pursuant to §374.205.

D. **Examination Fees.** UHC agrees to pay any reasonable examination fees expended by the Division in conducting its review of the documentation provided by the Company pursuant to Paragraph C of this Stipulation.

E. **No Penalties.** The Division agrees that it will not seek penalties against UHC in connection with Market Conduct Examination #1107-44-TGT.

F. **Non-Admission.** Nothing in this Stipulation shall be construed as an admission by UHC, this Stipulation being part of a compromise settlement to resolve disputed factual and legal allegations arising out of the above referenced market conduct examination.

G. **Waivers.** UHC, after being advised by legal counsel, does hereby voluntarily and knowingly waive any and all rights for procedural requirements, including notice and an opportunity for a hearing, and review or appeal by any trial or appellate court, which may have otherwise applied to the Market Conduct Examination #1107-44-TGT.

H. **Changes.** No changes to this Stipulation shall be effective unless made in writing and agreed to by representatives of the Division and UHC.

I. **Governing Law.** This Stipulation shall be governed and construed in accordance

[2] At least one of the reviews should be an on-site audit pursuant to §376.1084.3.

with the laws of the State of Missouri.

J. **Authority.** The signatories below represent, acknowledge and warrant that they are authorized to sign this Stipulation, on behalf of the Division and UHC respectively.

K. **Counterparts.** This Stipulation may be executed in multiple counterparts, each of which shall be deemed an original and all of which taken together shall constitute a single document. Execution by facsimile or by electronically transmitted signature shall be fully and legally effective and binding.

L. **Effect of Stipulation.** This Stipulation shall not become effective until entry of a Final Order by the Director of the Department (hereinafter the "Director") approving this Stipulation.

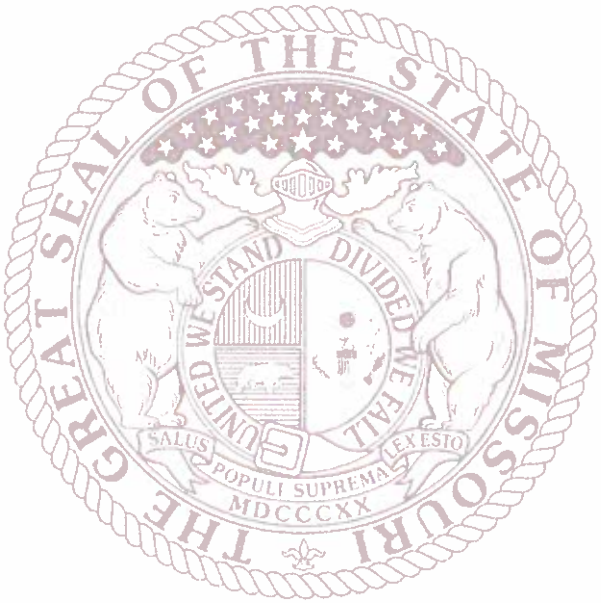
M. **Request for an Order.** The signatories below request that the Director issue an Order approving this Stipulation and ordering the relief agreed to in the Stipulation, and consent to the issuance of such Order.

DATED: 7-14-2020

Stewart Freilich
Chief Market Conduct Examiner and Senior Counsel
Division of Insurance Market Regulation

DATED: 7-13-20

Patrick Quinn
Missouri Healthplan CEO
UnitedHealthcare of the Midwest, Inc.



FINAL MARKET CONDUCT EXAMINATION REPORT
Health Business of

UnitedHealthcare of the Midwest, Inc.
NAIC #96385

MISSOURI EXAMINATION #1107-44-TGT

NAIC MATS #MO341-M10

Examination End Date July 14, 2020

Home Office
13655 Riverport Drive
Maryland Heights, MO 63043

STATE OF MISSOURI
DEPARTMENT OF COMMERCE & INSURANCE

JEFFERSON CITY, MISSOURI

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SALUTATION

July 14, 2020

Honorable Chlora Lindley-Myers, Director
Missouri Department of Commerce and Insurance
301 West High Street, Room 530
Jefferson City, Missouri 65101

Director Lindley-Myers:

In accordance with your market conduct examination warrant, a targeted market conduct examination has been conducted of the specified lines of business and business practices of

UnitedHealthcare of the Midwest, Inc. (NAIC #96385)

hereinafter referred to as UHCMW or as the Company. This examination was conducted as a desk examination at the offices of the Missouri Department of Commerce and Insurance (DCI).

FOREWORD

This examination report is generally a report by exception. However, failure to criticize specific practices, procedures, products or files does not constitute approval thereof by the DCI.

During this examination, the examiners cited errors considered potential violations made by the Company. Statutory citations were as of the examination period unless otherwise noted.

When used in this report:

- "Company" refers to the UnitedHealthcare of the Midwest, Inc.
- "CSR" refers to the Missouri Code of State Regulations
- "DCI" refers to the Missouri Department of Commerce and Insurance
- "Director" refers to the Director of the Missouri Department of Commerce and Insurance
- "NAIC" refers to the National Association of Insurance Commissioners
- "RSMo" refers to the Revised Statutes of Missouri

SCOPE OF EXAMINATION

The DCI has authority to conduct this examination pursuant to, but not limited to, §§374.110, 374.190, 374.205, 375.938, and 375.1009, RSMo.

The purpose of this examination was to determine if the Company complied with Missouri statutes and DCI regulations. The primary period covered by this review is January 1, 2011 through June 30, 2011, unless otherwise noted. Errors found outside of this time period may also be included in the report.

The examination was a targeted examination involving the following lines of business and business functions: complaint handling, underwriting and rating and claims for the Company's health plans.

The examination was conducted in accordance with the standards in the NAIC's *Market Regulation Handbook*. As such, the examiners utilized the benchmark error rate guidelines from the *Market Regulation Handbook* when conducting reviews that applied a general business practice standard. The NAIC benchmark error rate for claims practices is seven percent (7%) and for other trade practices it is ten percent (10%). Pursuant to §376.384 RSMo, prompt payment reviews of health claims are subject to a five percent (5%) error rate. Error rates exceeding these benchmarks are presumed to indicate a general business practice. The benchmark error rates were not utilized, however, for reviews not applying the general business practice standard.

In performing this examination, the examiners only reviewed a sample of the Company's practices, procedures, products and files. Therefore, some noncompliant practices, procedures, products and files may not have been found. As such, this report may not fully reflect all of the practices and procedures of the Company.

COMPANY PROFILE

UnitedHealthcare of the Midwest, Inc. is licensed as a health maintenance organization (HMO) in Missouri pursuant to Chapter 354, RSMo. On February 26, 1985, the Company incorporated as Sanus Health Plan, Inc. in the state of Missouri, and it received a certificate of authority to operate as an HMO on July 23, 1985. The Company began operations on August 1, 1985, under the individual practice association form of HMO. Subsequently, the Company took part in a series of acquisitions, mergers and name changes resulting in the Company remaining as the surviving corporation with its current name.

The Company offers its enrollees a variety of managed care programs and products through contractual arrangements with health care providers. The Company is a wholly owned subsidiary of UnitedHealthcare, Inc. ("UHC"). UHC is a wholly owned subsidiary of United HealthCare Services, Inc. ("UHS"), a management corporation that provides services to the Company under the terms of a management agreement. UHS is a wholly owned subsidiary of UnitedHealth Group Incorporated ("UnitedHealth Group"). UnitedHealth Group is a publicly held company trading on the New York Stock Exchange.

EXECUTIVE SUMMARY

The DCI conducted a targeted market conduct examination of UnitedHealthcare of the Midwest, Inc. The examiners found the following areas of concern:

UNDERWRITING AND RATING

- An evidence of coverage was issued to one group that improperly limited coverage for chiropractic benefits. Reference: §376.1230, RSMo Supp. 2013.

CLAIMS

- The Company's procedure for recording the date of receipt as the next day for claims received after business hours will result in an incorrect calculation of "processing days" for some claims. Reference: §§375.1007(3), RSMo, and 376.383 and 376.384, RSMo Supp. 2013.
- The Company failed to document the dates it sent confirmation of receipt and an electronic acknowledgement of the date of receipt for 12 claim lines. Reference: §§374.205.2(2) and 375.1007(3), RSMo, and 20 CSR 100-8.040(3)(B).
- The Company utilized an unlicensed third party administrator (TPA) for claim processing services. Reference: §§376.1075(1) and 376.1092.1, RSMo, and §376.1094.4, RSMo Supp. 2013
- The Company improperly denied two claim lines as duplicates that it should have paid as the secondary payer pursuant to coordination of benefits rules. Reference: §375.1007 (3), (4) and (6), RSMo.

CRITICISMS AND FORMAL REQUESTS TIME STUDY

- For three formal requests, the Company was late in providing a complete response. Reference: §374.205.2(2), RSMo, and 20 CSR 100-8.040(6).

EXAMINATION FINDINGS

I. COMPLAINT HANDLING

The complaint handling portion of the examination provides a review of the Company's complaint handling practices. The examiners reviewed how the Company handled complaints to ensure it was performing according to its own guidelines and Missouri statutes and regulations.

A. NAIC Complaint Handling Standard 1: All complaints are recorded in the required format on the regulated entity's complaint register.

Pursuant to §375.936(3), RSMo, and 20 CSR 100-8.040(3)(D), insurance companies are required to maintain a log or register of all written complaints received for the last three years. The log or register must include all Missouri complaints, including those sent to the DCI and those sent directly to the company. HMOs are also required to maintain a register of complaints that constitute "grievances" pursuant to §§354.445 and 376.1375, RSMo, and 20 CSR 400-7.110(3). The examiners requested and reviewed the Company's complaint log as to content and format.

The examiners found no errors in this review.

B. NAIC Complaint Handling Standard 3: The regulated entity takes adequate steps to finalize and dispose of the complaint in accordance with applicable statutes, rules and regulations and contract language.

The complaint log contained one complaint, submitted by a provider regarding three claims incurred by a member's covered dependent child. The examiners requested and reviewed the complaint file.

The examiners found no errors in this review.

II. UNDERWRITING AND RATING

The underwriting and rating portion of the examination provides a review of the Company's compliance with Missouri statutes and regulations regarding underwriting and rating practices such as the use of policy forms, adherence to underwriting guidelines, assessment of premium, and procedures to decline or terminate coverage.

A. NAIC Underwriting and Rating Standard 6: Policies, contracts, riders, amendments and endorsements are issued or renewed accurately, timely and completely.

The examiners did not perform a separate test for compliance with this standard. However, they noted the following issue when reviewing documentation in a claim file.

Finding 1: An evidence of coverage was issued to one group that improperly limited coverage for chiropractic benefits.

Reference: §376.1230, RSMo Supp. 2013

B. NAIC Health Underwriting and Rating Standard 8: The regulated entity issues coverage that complies with guaranteed-issue requirements of HIPAA and related state laws for groups of 2 to 50.

To test for this standard, the examiners requested and reviewed the Company's procedures for underwriting small employer groups to determine whether the Company was accurately applying the "eligible employee" requirements of §379.930.2(15), RSMo Supp. 2013, and §379.940.2(3)(a), RSMo.

The examiners found no errors in this review.

III. CLAIMS

The claims portion of the examination provides a review of the Company's compliance with Missouri statutes and regulations regarding claims handling practices such as the timeliness of handling, accuracy of payment, adherence to contract provisions, and compliance with Missouri statutes and regulations.

A. NAIC Claims Examination Standard 3: Claims are resolved in a timely manner.

To review the Company's compliance with the §§376.383 and 376.384, RSMo Supp. 2013, the examiners extracted 300 claim lines from the data provided by the Company and requested

that the Company provide the examiners with the relevant processing dates specified in the statutes as well as any interest and penalties paid on the claims. The examiners reviewed the information provided and requested additional explanations and documentation relative to some of the claim lines. The results of this review are summarized below.

Field Size	14,905
Sample Size	300
Type of Sample	Random
Number of Errors	0
Error Ratio	0.00%

Although the examiners found no errors relative to the processing times of §§376.383 and 376.384, RSMo Supp. 2013, the examiners noted the following issue that could result in an error in some cases.

Finding 1: The Company's procedure for recording the date of receipt as the next day for claims received after business hours will result in an incorrect calculation of "processing days" for some claims.

Reference: §§375.1007(3), RSMo, and 376.383 and 376.384, RSMo Supp. 2013

B. NAIC Claims Examination Standard 5: Claim files are adequately documented.

The same random sample of 300 claim lines noted above in "NAIC Claims Examination Standard 3" were reviewed for compliance with this standard. The results of this review are summarized below.

Field Size	14,905
Sample Size	300
Type of Sample	Random
Number of Errors	12
Error Ratio	4.00%

The examiners found the following errors in this review.

Finding 2: The Company failed to document the dates it sent confirmation of receipt and an electronic acknowledgement of the date of receipt for 12 claim lines.

Reference: §§374.205.2(2) and 375.1007(3), RSMo, and 20 CSR 100-8.040(3)(B)

C. NAIC Claims Examination Standard 6: Claims are properly handled in accordance with policy provisions and applicable statutes (including HIPAA), rules and regulations.

1. Copayments for Chiropractic Services

Section 376.391, RSMo Supp. 2013, prohibits all health carriers from imposing copayments that exceed 50% of the total cost of providing any single chiropractic service to their enrollees. The examiners reviewed the Company's procedures for handling chiropractic service claims as well as the claim files for 34 claim lines for chiropractic services. The results of this review are summarized below.

Field Size	34
Type of Sample	Census
Number of Errors	0
Error Ratio	0.00%

The examiners found no errors in this review.

2. General Copayment Limitations

Regulation 20 CSR 400-7.100 places limitations upon the amount of copayments an HMO may impose on its members. To test for this standard, the examiners requested information regarding the Company's procedures for complying with these limitations.

The examiners found no errors in this review.

3. Use of Third Party Administrators for Claims Processing

The examiners noted the following issue from information provided by the Company.

Finding 3: The Company utilized an unlicensed third party administrator (TPA) for claim processing services.

Reference: §§376.1075(1) and 376.1092.1, RSMo, and §376.1094.4, RSMo Supp. 2013

D. NAIC Claims Examination Standard 9: Denied and closed without payment claims are handled in accordance with policy provisions and state law.

1. Denied Claims in the Prompt Payment Sample

The same random sample of 300 claim lines noted above in "NAIC Claims Examination Standard 3" were reviewed for compliance with this standard. The results of this review are summarized below.

Field Size	14,905
Sample Size	300
Type of Sample	Random
Number of Errors	2
Error Ratio	0.67%

The examiners found the following errors in this review.

Finding 4: The Company improperly denied two claim lines as duplicates that it should have paid as the secondary payer pursuant to coordination of benefits rules.

Reference: §375.1007 (3), (4) and (6), RSMo

2. Denied Claims for Childhood Immunizations

Section 376.1215, RSMo, requires health carriers to provide benefits for immunizations of a child from birth to five years of age. To test for compliance with this standard, the examiners requested and reviewed the claim files for eight denied claim lines for childhood immunization services. The results of this review are summarized below.

Field Size	8
Type of Sample	Census
Number of Errors	0
Error Ratio	0.00%

The examiners found no errors in this review.

3. Denied Claims for Emergency Room and Ambulance Services

Emergency medical services are required as part of the "basic health care services" provided by HMOs. In addition, §376.1367, RSMo Supp. 2013, requires health carriers to provide benefits for emergency services in managed care plans. To test for compliance with this standard, the examiners requested and reviewed the claim files for 22 denied claim lines for emergency room and ambulance services. The results of this review are summarized below.

Field Size	22
Type of Sample	Census
Number of Errors	0
Error Ratio	0.00%

The examiners found no errors in this review.

4. Denied Claims for Mammograms

Section 376.782, RSMo, requires health carriers to provide benefits for low-dose mammography screenings. To test for compliance with this standard, the examiners requested and reviewed the claim files for six denied claim lines for mammography services. The results of this review are summarized below.

Field Size	6
Type of Sample	Census
Number of Errors	0
Error Ratio	0.00%

The examiners found no errors in this review.

5. Denied Claims for Prostate Cancer Screenings

Section 376.1250.1(2), RSMo, requires health carriers to provide benefits for prostate examinations and laboratory tests for cancer for any nonsymptomatic man in accordance with the current American Cancer Society guidelines. To test for compliance with this standard, the examiners requested and reviewed the claim files for two denied claim lines. The results of this review are summarized below.

Field Size	2
Type of Sample	Census
Number of Errors	0
Error Ratio	0.00%

The examiners found no errors in this review.

6. Denied Claims for Complications of Pregnancy

Section 375.995.4(6), RSMo, prohibits health carriers from treating complications of pregnancy differently than any other illness or sickness. To test for compliance with this standard, the examiners requested and reviewed the claim files for 13 denied claims lines. The results of this review are summarized below.

Field Size	13
Type of Sample	Census
Number of Errors	0
Error Ratio	0.00%

The examiners found no errors in this review.

7. Denied Claims for Autism Spectrum Disorders

Section 376.1224, RSMo Supp. 2013, requires group health benefit plans to provide treatment for autism spectrum disorders and requires individually underwritten plans to offer coverage for autism to individual insureds as an option. To test for compliance with this standard, the examiners requested and reviewed the claim files for 19 claim lines. The results of this review are summarized below.

Field Size	19
Type of Sample	Census
Number of Errors	0
Error Ratio	0.00%

The examiners found no errors in this review.

8. Denied Claims for Chiropractic Services

Section 376.1230, RSMo Supp. 2013, requires benefits for chiropractic services to be provided in health benefit plans. To test for compliance with this standard, the examiners requested and reviewed claims data and selected claim files for 342 claim lines. The results of this review are summarized below.

Field Size	342
Type of Sample	Census
Number of Errors	0
Error Ratio	0.00%

The examiners found no errors in this review.

IV. CRITICISMS AND FORMAL REQUESTS TIME STUDY

This study is based upon the time required by the Company to provide the examiners with the requested material or to respond to criticisms. Missouri statutes and regulations require companies to respond to criticisms and formal requests within 10 calendar days. In the event an extension of time was requested by the Company and granted by the examiners, the response was deemed timely if it was received within the subsequent time frame. If the response was not received within the allotted time, the response was not considered timely.

A. Criticism Time Study

Number of Calendar Days to Respond	Number of Criticisms	Percentage of Total
0 to 10 days	6	100%
Over 10 days with extension	0	0%
Over 10 days without extension or after extension due date	0	0%
Totals	6	100%

B. Formal Request Time Study

Number of Calendar Days to Respond	Number of Requests	Percentage of Total
0 to 10 days	19	50%
Over 10 days with extension	16	42.11%
Over 10 days without extension or after extension due date	3	7.89%
Totals	38	100%

Finding 1: For three formal requests, the Company was late in providing a complete response.

Reference: §374.205.2(2), RSMo, and 20 CSR 100-8.040(6)

EXAMINATION REPORT SUBMISSION

Attached hereto is the Division of Insurance Market Regulation's Final Report of the examination of UnitedHealthcare of the Midwest, Inc. Examination Number 1107-44-TGT. This examination was conducted by Bunlue Ushupun, EIC, Gary W. Kimball, CIE, and Walter Guller, CIE. The findings in the Final Report were extracted from the Market Conduct Examiner's Draft Report, dated August 25, 2015. Any changes from the text of the Market Conduct Examiner's Draft Report reflected in this Final Report were made by the Chief Market Conduct Examiner or with the Chief Market Conduct Examiner's approval.

Stewart Freilich

Stewart Freilich
Chief Market Conduct Examiner

07/14/2020
Date