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licensed since November 1, 1972, and provides health insurance coverage in Oregon.

- 2. Respondent's NAIC entity number is 79413.
- 3. Between January 1, 2013 and May 2, 2014, in six different cases, each involving a different consumer, Respondent made adverse insurance benefits decisions.
- In each of the six cases, the affected consumer exhausted the internal review process and requested that Respondent forward the matter to an independent external review organization to review whether Respondent's coverage decision was correct.
- 5. In each of the six cases, Respondent received the application for independent external review from the consumer and conducted its own review to determine whether the request was appropriate for independent external review.
- 6. In each of the six cases, Respondent determined that the reason for the adverse benefits decision was not an appropriate basis for independent external review.
- 7. In each of the six cases, Respondent declined to forward the matter to the appropriate independent review organization.
- None of the six consumers agreed to withdraw their application for 8. independent external review.

## CONCLUSIONS OF LAW

The Director CONCLUDES that:

- 9. Pursuant to ORS 731.252(1), whenever the Director has reason to believe that any person has been engaged or is engaging or is about to engage in any violation of the Insurance Code, the Director may issue an order to discontinue or desist from such violation or threatened violation.
- Pursuant to ORS 743B.252(1)<sup>1</sup>, Respondent was required to have an external 10. review program that allowed enrollees to obtain review by an independent review

<sup>26</sup> ORS 743.857 was renumbered to 743B.252 in 2015.

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organization of a dispute relating to an adverse benefit determination by the insurer or
one or more of the following: (a) whether a course or plan of treatment is medically
necessary, (b) whether a course or plan of treatment is experimental or investigational, (c)
whether a course or plan of treatment that an enrollee is undergoing is an active course of
treatment for purposes of continuity of care under ORS 743B.2252, or (d) whether a
course or plan of treatment is delivered in an appropriate health care setting and with the
appropriate level of care.

- 11. Pursuant to Oregon Administrative Rule ("OAR") 836-053-1337, when an enrollee applies to an insurer for independent review of a dispute, the insurer shall review the application and advise the enrollee that the application does or does not meet any of the criteria for independent review. The insurer shall send the application to the independent review organization as provided in ORS 743.857<sup>3</sup> unless the enrollee withdraws the application.
- Respondent violated OAR 836-053-1337 on six different occasions by failing 12. to forward the applications for independent review and relevant records to the independent review organization.
- Pursuant to ORS 731.988(1), the Director may assess CIVIL PENALTIES in 13. an amount not to exceed \$10,000 per violation against a person who violates any provision of the Insurance Code or any lawful rule of the Director.

## **ORDERS**

The Director issues the following ORDERS:

As authorized by ORS 731.252(1), the Director ORDERS Respondents to CEASE AND DESIST from violating any provision of the Insurance Code or the

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UnitedHealthcare, INS 15-01-013

ORS 743.854 was renumbered to 743B.225 in 2015.

ORS 743.857 was renumbered to 743B.252 in 2015.

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