



# UnitedHealthcare of Illinois

QUALITY ASSURANCE EXAMINATION-2021

ISSUE DATE: June 15, 2023

UNITEDHEALTHCARE OF ILLINOIS QUALITY ASSURANCE EXAMINATION  
2021 REPORT

**Final Report**

For the Period: February 20, 2019 – January 31, 2021

Examiners: Elaine Johnson, RN, BS, CPHQ; Tom Major, MA, MDiv; and Kate Eckroth, MPH

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Minnesota Department of Health  
Managed Care Systems Section  
PO Box 64882  
St. Paul, MN 55164-0882  
651-201-5100  
[health.mcs@state.mn.us](mailto:health.mcs@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

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## MINNESOTA DEPARTMENT OF HEALTH EXECUTIVE SUMMARY

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of UnitedHealthcare of Illinois (UHC-Illinois) to determine whether it is operating in accordance with Minnesota Law. Our mission is to protect, maintain and improve the health of all Minnesotans. MDH has found that UHC-Illinois is compliant with Minnesota and federal law, except in the areas outlined in the “Deficiencies” and Mandatory Improvements” sections of this report. Deficiencies are violations of law. “Mandatory Improvements” are required corrections that must be made to non-compliant policies, documents or procedures where evidence of actual compliance is found or where the file sample did not include any instances of the specific issue of concern. The “Recommendations” listed are areas where, although compliant with law, MDH identified improvement opportunities.

### **To address recommendations, UHC-Illinois should:**

- Consider ways to improve communication to members and enrollees regarding how to obtain documentation and information in the member’s spoken or written language.

### **To address mandatory improvements, UHC-Illinois and its delegates must:**

- Fully document all parts of its oral and written complaints policies and processes.
- Inform enrollees of their right to file a complaint with the Commissioner of Health, and how to file a complaint with the Department of Health.
- Evaluate provider networks against the required 30 mile standard for pediatric primary care providers in its network access analysis and reports.
- Revise their policy and procedure addressing coverage of nonformulary drugs for mental illness to ensure that all parts of Minnesota Statutes 62Q.527, subd. 3 are included.
- Revise its Continuity of Care policy and procedures to include all requirements, specify all conditions applicable for continuity of care, and to include a written plan to identify members with special risks or who receive culturally appropriate care.
- Revise its policy and procedure to include all Minnesota statutory requirements for when a member is eligible to receive continuity of care due to a change in health plans.

### **To address deficiencies, UHC-Illinois and its delegates must:**

- Provide to its members a compliant paper or printable form for filing a written complaint.

UNITEDHEALTHCARE OF ILLINOIS QUALITY ASSURANCE EXAMINATION  
2021 REPORT

- Revise its complaint notification to inform enrollees of their right to file a complaint with the Commissioner of Health and direct enrollees to the Department of Health if they wish to file a complaint with the Commissioner of Health.
- Revise its notice of adverse determination and appeal rights to direct enrollees to the Department of Health to submit a request for external review.
- Revise its utilization review adverse determination appeal rights notice to direct enrollees to the Department of Health for external review.
- Include in its utilization review adverse determination notice of enrollee rights the right to file a complaint with the Commissioner of Health regarding an adverse determination.

This report including these deficiencies, mandatory improvements and recommendations is approved and adopted by the Minnesota Commissioner of Health pursuant to authority in Minnesota Statutes, Chapter 62D.

signed on file

6/15/2023

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Diane Rydrych, Director  
Health Policy Division

Date

# Contents

I.	Introduction .....	6
II.	Quality Program Administration .....	8
	Program.....	8
	Activities.....	9
	Quality Evaluation Steps.....	9
	Focused Study Steps .....	10
	Filed Written Plan and Work Plan .....	10
III.	Quality of Care.....	11
	Quality of Care Complaints .....	11
IV.	Complaint Systems .....	12
	Complaint Systems.....	12
	Complaint Resolution .....	12
	Appeal of the Complaint Decision .....	14
	Notice to Enrollees.....	14
	External Review of Adverse Determinations.....	15
V.	Access and Availability .....	15
	Geographic Accessibility .....	15
	Essential Community Providers .....	16
	Availability and Accessibility .....	16
	Emergency Services.....	16
	Licensure of Medical Directors .....	17
	Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance .....	17
	Coverage for Court-Ordered Mental Health Services.....	18
	Continuity of Care .....	18
VI.	Utilization Review .....	19
	Standards for Utilization Review Performance .....	19
	Procedures for Review Determination .....	19
	Appeals of Determinations Not to Certify .....	20
	Confidentiality .....	21
	Staff and Program Qualifications .....	21
	Complaints to Commerce or Health .....	21

UNITEDHEALTHCARE OF ILLINOIS QUALITY ASSURANCE EXAMINATION  
2021 REPORT

Prohibition of Inappropriate Incentives.....22

VII. Summary of Findings .....23

Recommendations.....23

Mandatory Improvements .....23

Deficiencies .....23

# I. Introduction

1. Membership: UHC-Illinois self-reported Minnesota enrollment as of February 1, 2021 consisted of the following:

## Self-Reported Enrollment

Product	Enrollment
<b><i>Fully Insured Commercial</i></b>	
Large Group-CORE Essential	390
Small Employer Group-CORE Essential	80
Individual	0
<b><i>Total</i></b>	<b>470</b>

2. Onsite Examination Dates: April 5– 8, 2021
3. Examination Period: February 20, 2019 to January 31, 2021  
File Review Period: February 20, 2019 to January 31, 2021  
Opening Date: February 11, 2021
4. National Committee for Quality Assurance (NCQA): UHC-Illinois is accredited by NCQA for its Commercial HMO/POS/PPO Combined, Marketplace PPO and Medicaid HMO products based on 2020 standards. The Minnesota Department of Health (MDH) evaluated and used results of the NCQA review in one of three ways:
  - a. If NCQA standards do not exist or are not as stringent as Minnesota law, the accreditation results were not used in the MDH examination process [No NCQA checkbox].
  - b. If the NCQA standard was the same or more stringent than Minnesota law and the health plan was accredited with 100% of the possible points, the NCQA results were accepted as meeting Minnesota requirements [NCQA , unless evidence existed indicating further investigation was warranted [NCQA ].
  - c. If the NCQA standard was the same or more stringent than Minnesota law, but the plan was accredited with less than 100% of the possible points or MDH identified an opportunity for improvement, MDH conducted its own examination.
5. Sampling Methodology: Due to the small sample sizes and the methodology used for sample selection for the quality assurance examination, the results cannot be extrapolated as an overall deficiency rate for the health plan.

UNITEDHEALTHCARE OF ILLINOIS QUALITY ASSURANCE EXAMINATION  
2021 REPORT

6. Performance Standard: For each instance of non-compliance with applicable law or rule identified during the quality assurance examination, that covers a three-year audit period, the health plan is cited with a deficiency. A deficiency will not be based solely on one outlier file if MDH has sufficient evidence that a plan's overall operation is compliant with an applicable law. Sufficient evidence may be obtained through: 1) file review; 2) policies and procedures; and 3) interviews.



## II. Quality Program Administration

### Program

#### Minnesota Rules, Part 4685.1110

Subparts	Subject	Met	Not Met	NCQA
Subp. 1.	Written Quality Assurance Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 2.	Documentation of Responsibility	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 3.	Appointed Entity	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 4.	Physician Participation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 5.	Staff Resources	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 6.	Delegated Activities	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 7.	Information System	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 8.	Program Evaluation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 9.	Complaints <sup>1</sup>	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 10.	Utilization Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 11.	Provider Selection and Credentialing	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 12.	Qualifications	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 13.	Medical Records	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	

### Delegated Activities

Subp. 6. Minnesota Rules, part 4685.1110, subpart 6, states the HMO must develop and implement review and reporting requirements to assure that the delegated entity performs all delegated activities. The standards and processes established by the NCQA for delegation are

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<sup>1</sup> Minnesota Rules 4685.1110, Subp. 9 requires that an HMO conduct ongoing evaluation of all enrollee complaints, track complaints and assess trends, and establish applicable corrective actions. Documentation demonstrates UHC-Illinois capacity to perform these activities compliant with MR 4685.1110. However, given the lack of complaints submitted during the review period, there was no basis for UHC-Illinois to conduct ongoing evaluation of complaints during the review period.

considered the community standard and, as such, were used for the purposes of this examination. The following delegated entities and functions were reviewed.

### Delegated Entities and Functions

Entity	UM	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord
eviCore	x					x			

### Provider Selection and Credentialing

Subp. 11. Minnesota Rules, part 4685.1110, subpart 11, states the plan must have policies and procedures for provider selection, credentialing and recredentialing that, at a minimum, are consistent with community standards. MDH recognizes the community standard to be NCQA. UHC-Illinois scored 100% on all 2020 NCQA Credentialing/rec credentialing standards.

### Activities

#### Minnesota Rules, Part 4685.1115

Subparts	Subject	Met	Not Met
<b>Subp. 1.</b>	Ongoing Quality Evaluation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subp. 2.</b>	Scope	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

### Quality Evaluation Steps

#### Minnesota Rules, Part 4685.1120

Subparts	Subject	Met	Not Met
<b>Subp. 1.</b>	Problem Identification	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subp. 2.</b>	Problem Selection	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subp. 3.</b>	Corrective Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subp. 4.</b>	Evaluation of Corrective Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Focused Study Steps

### Minnesota Rules, Part 4685.1125

Subparts	Subject	Met	Not Met
Subp. 1.	Focused Studies	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2.	Topic Identification and Selections	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 3.	Study	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 4.	Corrective Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 5.	Other Studies	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Filed Written Plan and Work Plan

### Minnesota Rules, Part 4685.1130

Subparts	Subject	Met	Not Met
Subp. 1.	Written Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2.	Work Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 3.	Amendments to Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

### Finding: Amendments to Written Plan (Program Description)

Subp. 1 and 3. Minnesota Rules, part 4685.1130, subparts 1 and 3, require HMOs have a written quality plan (quality program description) that is consistent with the requirements set forth in Minnesota Rules, 4685.1110, subparts 1 through 13. The written quality plan must be submitted to MDH for approval with any changes/revisions.

MDH reviewed UHC-Illinois' Quality Improvement Program Description 2021 during the exam, and it was found to have met all the criteria of Minnesota Rules, 4685.1110, subparts 1 through 13 and was subsequently approved. The written plan needs to be submitted to MDH for approval. This process is separate from binder submission for exchange products.

### III. Quality of Care

MDH did not review quality of care grievance and complaint system files, as there were no quality-of-care complaints submitted to UHC-Illinois during the review period, February 2019 – January 2021.

#### Quality of Care File Review

File Source	# Reviewed
<i>Quality of Care</i>	0
<i>MHCP Grievances</i>	0
<i>Commercial Complaints</i>	0
<b>Total</b>	<b>0</b>

#### Quality of Care Complaints

#### Minnesota Statutes, Section 62D.115

Subparts	Subject	Met	Not Met
<b>Subd. 1.</b>	Definition	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subd. 2.</b>	Quality of Care Investigations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

#### Finding: Quality of Care Complaints

Subds. 1 and 2. Minnesota Statutes, section 62D.115, subdivisions 1 and 2: Policy, procedures and reporting were determined to be compliant.

## IV. Complaint Systems

### Complaint Systems

MDH examined the UHC-Illinois fully-insured commercial complaint system for compliance with complaint resolution requirements of Minnesota Statutes, Chapter 62Q. No oral or written complaint files were submitted for review for the review period. No non-clinical appeal files were submitted for review.

#### Complaint System File Review

File Source	# Reviewed
Complaint Files	
<i>UHC Written</i>	0
<i>UHC Oral</i>	0
Non-Clinical Appeals	0
<b>Total</b>	

### Complaint Resolution

#### Minnesota Statutes, Section 62Q.69.

Section	Subject	Met	Not Met
Subd. 1.	Establishment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Procedures for Filing a Complaint	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
Subd. 3.	Notification of Complaint Decisions	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met

#### Finding: Establishment of Complaint Resolution Process

##### Subdivision 1

Per Minnesota Statutes, § 62Q.69, Subd. 1, each health plan company must establish and maintain a complaint resolution process. MDH review of UHC-Illinois internal policies found references to, and assertions of, required compliance with Minnesota Statutes 62Q.69. However, internal processes for handling oral complaints, including timelines for responding to oral complaints and when the complainant will be informed that a complaint may be submitted

in writing, have not been specifically documented in UHC Illinois oral and written complaint policies. Therefore, MDH finds that UHC-Illinois must fully document all parts of its oral and written complaints policy and processes consistent with Minnesota Statutes, § 62Q.69. **(Mandatory Improvement 1).**

## Finding: Complaint Form

### Subd. 2

Per Minnesota Statutes, § 62Q.69, Subd. 2, a health plan company must provide enrollees with any assistance needed to submit a written complaint via a complaint form, and the complaint form must include specific information including:

- the telephone number for the health plan company member services or other department;
- the address to which the form must be sent;
- a description of the health plan company's internal complaint procedure and the applicable time limits; and
- the toll-free number for the commissioner of health, and notification that the complainant has the right to submit the complaint to the commissioner of health for investigation.

UHC-Illinois has an online complaint form, but it could not be determined whether the online form met requirements for inclusion of all elements. UHC-Illinois could not produce a paper or printable complaint form, although internal policy and member certificate of coverage indicate that a written complaint may be filed. Therefore, MDH finds that UHC-Illinois must be able to provide to its members a paper or printable form compliant with Minnesota Statutes § 62Q.69, for filing a written complaint. **(Deficiency 1).**

## Finding: Notification of Complaint Decision

### Subd. 3.

Minnesota Statutes, § 62Q.69, subd. 3 requires that in the health plan company's notification of the complaint decision, the health plan company must inform the complainant of the right to submit the complaint at any time to the commissioner of health and the toll-free number for the Minnesota Department of Health. The sample template for notification of the complaint decision to the enrollee did not include notice that a complaint may be filed at any time with the Minnesota Department of Health and the toll-free number for the Minnesota Department of Health. Therefore, MDH finds that UHC-Illinois must revise its complaint notification to inform enrollees of their right to file a complaint with the Commissioner of Health and direct enrollees to the Department of Health. **(Deficiency 2).**

## Appeal of the Complaint Decision

### Minnesota Statutes, Section 62Q.70

Section	Subject	Met	Not Met
Subd. 1.	Establishment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Procedures for Filing an Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Notification of Appeal Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

### Procedures for Filing an Appeal

#### Subd. 2

Per Minnesota Statutes, § 62Q.70, Subd. 2, the health plan company must provide notice to enrollees of its internal appeals process in a culturally and linguistically appropriate manner. UHC-Illinois internal policy states that a member may ask for verbal translation of notification or policy by contacting the Central Escalations Unit. UHC-Illinois also demonstrated use of non-discrimination statements and language “taglines.” UHC-Illinois should consider ways to improve communication to members and enrollees regarding how to obtain documentation and information in the member’s spoken or written language (consistent with 45 CFR § 155.205 (c) (2) (iii)) by using clear references regarding how to contact the UHC Central Escalations Unit for translation services, and consistent use of language “taglines” in all consumer-facing documentation, including Certificates of Coverage and member notifications.

**(Recommendation 1).**

### Notice to Enrollees

### Minnesota Statutes, Section 62Q.71

Section	Subject	Met	Not Met
62Q.71.	Notice to Enrollees	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met

Minnesota Statutes, § 62Q.71, requires that a description of the complaint resolution process must inform the complainant of the right to submit a complaint at any time to the Commissioner of Health and the toll-free number for the Minnesota Department of Health. The sample template for the Initial Complaint Response Letter to the enrollee did not include notice that a complaint may be filed at any time with the Minnesota Department of Health and the toll-free number for the Minnesota Department of Health. A sample Certificate of Coverage referenced a right to submit a complaint to the Commissioner of Health. Therefore, MDH finds that UHC Illinois must inform enrollees of their right to file a complaint with the Commissioner

of Health, and how to file a complaint with the Department of Health. **(Mandatory Improvement 2)**

## External Review of Adverse Determinations

### Minnesota Statutes, Section 62Q.73

Section	Subject	Met	Not Met
Subd. 3.	Right to External Review	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met

#### Finding: Notification of Appeal Rights

Subd. 3 Minnesota Statutes, § 62Q.73, subd. 3 requires that a notice of adverse determination allow the enrollee or their designee to submit a written request for an external review to the Commissioner of Health. The sample notice of adverse determination and external appeal rights provided by UHC-Illinois incorrectly states that a request for external appeal may be submitted to the Minnesota Department of Commerce. Therefore, MDH finds that UHC-Illinois must revise its appeal rights notice to direct enrollees to the Department of Health to submit a request for external review. **(Deficiency 3)**

## V. Access and Availability

### Geographic Accessibility

#### Minnesota Statutes, Section 62D.124

Subdivision	Subject	Met	Not Met
Subd. 1.	Primary Care, Mental Health Services, General Hospital Services	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
Subd. 2.	Other Health Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Exception	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

#### Finding: Primary Care Services

Subd. 1 Minnesota Statutes 62D.124, Subd.1 states that the maximum travel distance for primary care providers should be the lesser of 30 miles or 30 minutes. In UHC-Illinois' *Network Adequacy Central Regional 2020* report, UHC-Illinois identified a gap in Pediatric providers and incorrectly used a 60 mile standard to evaluate accessibility when it should be 30 miles. UHC-Illinois correctly stated the standard in their *Accessibility of Providers* policy and procedure.



Therefore, MDH finds that the report is using the incorrect standard. UHC-Illinois must assess against the required 30 mile or 30 minutes standard for pediatric primary care providers in its network access policy, analysis and reports. **(Mandatory Improvement 3)**

## Essential Community Providers

### Minnesota Statutes, Section 62Q.19

Subdivision	Subject	Met	Not Met
<b>Subd. 3.</b>	Contract with Essential Community Providers	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Availability and Accessibility

### Minnesota Rules, Part 4685.1010

Subparts	Subject	Met	Not Met
<b>Subp. 2.</b>	Basic Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subp. 5.</b>	Coordination of Care	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subp. 6.</b>	Timely Access to Health Care Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Findings: Timely Access to Health Care Services

Subp. 6 UHC-Illinois submitted a report titled, *Network Adequacy Central Regional 2020*. This report contained a thorough evaluation of their network and provider availability with clear identification of areas that were not meeting UHC-Illinois' goals or expectations, and what interventions were put in place.

## Emergency Services

### Minnesota Statutes, Section 62Q.55

Subdivision	Subject	Met	Not Met
<b>Subd. 1.</b>	Access to Emergency Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subd. 2.</b>	Emergency Medical Condition	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Licensure of Medical Directors

### Minnesota Statutes, Section 62Q.121

Section	Subject	Met	Not Met
<b>62Q.121.</b>	Licensure of Medical Directors	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance

### Minnesota Statutes, Section 62Q.527.

Subdivision	Subject	Met	Not Met
<b>Subd. 2.</b>	Required Coverage for Anti-psychotic Drugs	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subd. 3.</b>	Continuing Care	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
<b>Subd. 4.</b>	Exception to Formulary	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Finding: Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance

Subd. 3 Minnesota Statutes 62Q.527, Subd. 3, requires that an enrollee receiving a prescribed antipsychotic drug to treat a diagnosed mental illness or emotional disturbance may continue to receive the prescribed drug for up to one year, regardless of whether it is in the health plan’s formulary when certain conditions apply, and this section also requires the benefit to be reviewed annually. In UHC-Illinois’ *State Mandate Overview-UM Programs* policy and procedure it correctly states the requirement that enrollees can receive a drug to treat a diagnosed mental illness, but it did not contain the specific conditions listed in Minnesota Statutes 62Q.527, subd. 3a(1-3).

Therefore, MDH finds that the policy does not contain all requirements. UHC-Illinois must revise their policy and procedure to ensure that all parts of Minnesota Statutes 62Q.527, Subd. 3 are included. **(Mandatory Improvement 4)**

Following MDH’s identification of the issue during the virtual examination, UHC-Illinois updated the *State Mandate Overview-UM Programs* to include all statutory requirements.

## Coverage for Court-Ordered Mental Health Services

### Minnesota Statutes, Section 62Q.535

Subdivision	Subject	Met	Not Met
Subd. 2.	Coverage required	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Continuity of Care

### Minnesota Statutes, Section 62Q.56

Subdivision	Subject	Met	Not Met	N/A
Subd. 1.	Change in health care provider, general notification	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	<input type="checkbox"/>
Subd. 1a.	Change in health care provider, termination not for cause	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	<input type="checkbox"/>
Subd. 1b.	Change in health care provider, termination for cause	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	<input type="checkbox"/>
Subd. 2.	Change in health plans (applies to group, continuation and conversion coverage)	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	<input type="checkbox"/> N/A

Subd. 1, 1a and 1b Minnesota Statutes 62Q.56, Subds. 1, 1a and 1b require the health plan to offer continuity of care to an enrollee when a provider is terminated when certain conditions apply, a written plan and procedures for notifying an enrollee when a provider has been terminated, and how the health plan will identify members with special risks or who receive culturally appropriate care and/or do not speak English. The *UCSMM Out of Network Requests and Continuing Care* policy and procedure did not contain all the statutory requirements.

Therefore, MDH finds that the *UCSMM Out of Network Requests and Continuing Care* policy was not specific enough in all conditions that apply to continuity of care, nor did it include a written plan for how to identify members with special risks or who receive culturally appropriate care. UHC-Illinois must update its policy and procedure to include all requirements in Minnesota Statute 62Q.56, Subds. 1, 1a. and 1b. **(Mandatory Improvement 5)**

Subd. 2 Minnesota Statutes 62Q.56, Subd. 2 requires the health plan to offer continuity of care to an enrollee subject to a change in health plans for up to 120 days when certain conditions apply, and also requires the health plan to have a written plan for how to identify members who are receiving culturally appropriate care and/or do not speak English. The *UCSMM Out of Network Requests and Continuing Care* policy and procedure correctly includes the requirements for continuity of care for members who meet certain conditions, but the policy did not contain a written plan nor process for how they identify members receiving culturally appropriate care and/or do not speak English.

Therefore, MDH finds that the policy is not specific enough. UHC-Illinois must revise its policy and procedure to include all Minnesota statutory requirements when a member is eligible to receive continuity of care due to a change in health plans. **(Mandatory Improvement 6)**

Following MDH’s identification of the issue during the virtual examination, UHC-Illinois updated the *UCSMM Out of Network Requests and Continuing Care policy and procedure* to include these requirements.

## VI. Utilization Review

MDH examined UHC-Illinois’ utilization review (UR) system under Minnesota Statutes, chapter 62M. A total of 11 utilization review files were reviewed.

### UR System File Review

File Source	# Reviewed
<i>Commercial UM Denial Files</i>	
UHC	11
<i>Commercial Clinical Appeal Files</i>	
UHC Commercial	0
<b>Total</b>	<b>11</b>

### Standards for Utilization Review Performance

#### Minnesota Statutes, Section 62M.04

Subdivision	Subject	Met	Not Met
<b>Subd. 1.</b>	Responsibility on Obtaining Certification	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subd. 2.</b>	Information upon which Utilization Review is Conducted	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

### Procedures for Review Determination

#### Minnesota Statutes, Section 62M.05

Subdivision	Subject	Met	Not Met	NCQA
<b>Subd. 1.</b>	Written Procedures	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
<b>Subd. 2.</b>	Concurrent Review	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA

UNITEDHEALTHCARE OF ILLINOIS QUALITY ASSURANCE EXAMINATION  
2021 REPORT

Subdivision	Subject	Met	Not Met	NCQA
<b>Subd. 3.</b>	<b>Notification of Determination</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
<b>Subd. 3a.</b>	<b>Standard Review Determination</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
(a)	Initial determination to certify or not (10 business days)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
(b)	Initial determination to certify (telephone notification)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
(c)	Initial determination not to certify (notice within 1 working day)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
(d)	Initial determination not to certify (notice of right to appeal)	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 3b.</b>	<b>Expedited Review Determination</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 4.</b>	<b>Failure to Provide Necessary Information</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
<b>Subd. 5.</b>	<b>Notifications to Claims Administrator</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	

### Finding: Notice of Right to Appeal

Subd. 3a(d). Minnesota Statutes, 62M.05, subdivision 3a(d), states that when an adverse determination is made, the written notification must inform the enrollee and the attending health care professional of the right to submit an appeal to the internal appeal process.

In the 11 UM denial file files reviewed, UHC-Illinois' notice of right to appeal includes the right to external appeal, after internal appeal exhausted, however the notice directs the enrollee to the Department of Commerce rather than the Department of Health.

Therefore, MDH finds that UHC-Illinois must revise its appeal rights notice directing enrollees to the Department of Health for external review. **(Deficiency 4)**

### Appeals of Determinations Not to Certify

#### Minnesota Statutes, Section 62M.06

Subdivision	Subject	Met	Not Met
<b>Subd. 1.</b>	<b>Procedures for Appeal</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subd. 2.</b>	<b>Expedited Appeal</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subd. 3.</b>	<b>Standard Appeal</b>		
(a)	Procedures for appeals written and telephone	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(b)	Appeal resolution notice timeline	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(c)	Documentation requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(d)	Review by a different physician	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(e)	Defined time period in which to file appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(f)	Unsuccessful appeal to reverse determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(g)	Same or similar specialty review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

UNITEDHEALTHCARE OF ILLINOIS QUALITY ASSURANCE EXAMINATION  
2021 REPORT

Subdivision	Subject	Met	Not Met
(h)	Notice of rights to external review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subd. 4.</b>	Notifications to Claims Administrator	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Confidentiality

### Minnesota Statutes, Section 62M.08

Subdivision	Subject	Met	Not Met
<b>Subd. 1.</b>	Written Procedures to Ensure Confidentiality	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Staff and Program Qualifications

### Minnesota Statutes, Section 62M.09

Subdivision	Subject	Met	Not Met	NCQA
<b>Subd. 1.</b>	Staff Criteria	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 2.</b>	Licensure Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 3.</b>	Physician Reviewer Involvement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 3a.</b>	Mental Health and Substance Abuse Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
<b>Subd. 4.</b>	Dentist Plan Reviews	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 4a.</b>	Chiropractic Reviews	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 5.</b>	Written Clinical Criteria	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 6.</b>	Physician Consultants	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 7.</b>	Training for Program Staff	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 8.</b>	Quality Assessment Program	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA

## Complaints to Commerce or Health

### Minnesota Statutes, Section 62M.11

Section	Subject	Met	Not Met
<b>62M.11.</b>	Complaints to Commerce or Health	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met

## Finding: Complaints to Health

Sec. 62M.11. Minnesota Statutes 62M.11 states an enrollee may file a complaint regarding an adverse determination directly to the commissioner responsible for regulating the utilization review organization.

UM denial file review indicated in the 11 files, UHC-Illinois did not inform the enrollee of the right to complain to the Commissioner of Health at any time.

Therefore, MDH finds that UHC-Illinois must include in its enrollee rights the right to file a complaint with the Commissioner of Health regarding an adverse determination. **(Deficiency 5)**

## Prohibition of Inappropriate Incentives

### Minnesota Statutes, Section 62M.12

Section	Subject	Met	Not Met	NCQA
62M.12.	Prohibition of Inappropriate Incentives	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA

## VII. Summary of Findings

### Recommendations

1. UHC-Illinois should consider ways to improve communication to members and enrollees regarding how to obtain documentation and information in the member's spoken or written language, consistent with 45 CFR § 155.205 (c) (2) (iii).

### Mandatory Improvements

1. To comply with Minnesota Statutes, § 62Q.69, UHC-Illinois must fully document all parts of its oral and written complaints policies and processes.
2. To comply with Minnesota Statutes, § 62Q.71, UHC Illinois must inform enrollees of their right to file a complaint with the Commissioner of Health, and how to file a complaint with the Department of Health.
3. To comply with Minnesota Statutes, § 62D.124, Subd. 1, UHC-Illinois must evaluate provider networks against the required 30 mile standard for pediatric primary care providers in its network access analysis and reports.
4. To comply with Minnesota Statutes §62Q.527, Subd. 3, UHC-Illinois must revise its policy and procedure to ensure that all parts of Minnesota Statutes 62Q.527, Subd. 3 are included.
5. To comply with Minnesota Statute §62Q.56, Subds. 1, 1a. and 1b, UHC-Illinois must revise its Continuity of Care policy and procedures to include all requirements, specify all conditions applicable for continuity of care, and to include a written plan to identify members with special risks or who receive culturally appropriate care.
6. To comply with Minnesota Statute §62Q.56, Subd. 2, UHC-Illinois must revise its policy and procedure to include all Minnesota statutory requirements for when a member is eligible to receive continuity of care due to a change in health plans.

### Deficiencies

1. To comply with Minnesota Statutes, § 62Q.69 Subd. 2, UHC-Illinois must be able to provide to its members a compliant paper or printable form for filing a written complaint.
2. To comply with Minnesota Statutes, § 62Q.69 Subd. 3, UHC-Illinois must revise its complaint notification to inform enrollees of their right to file a complaint with the Commissioner of Health and direct enrollees to the Department of Health, if they wish to file a complaint with the Commissioner of Health.



UNITEDHEALTHCARE OF ILLINOIS QUALITY ASSURANCE EXAMINATION  
2021 REPORT

3. To comply with Minnesota Statutes, § 62Q.73, Subd. 3, UHC-Illinois must revise its appeal rights notice to direct enrollees to the Department of Health to submit a request for external review.
4. To comply with Minnesota Statutes, § 62M.05, subdivision 3a(d), UHC-Illinois must revise its appeal rights notice directing enrollees to the Department of Health for external review.
5. To comply with Minnesota Statutes, § 62M.11, UHC-Illinois must include in its enrollee rights the right to file a complaint with the Commissioner of Health regarding an adverse determination.