

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Boston Regional Office
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Division of Medicare Health Plan Operations

December 6, 2013

Mr. George Jepsen
Office of the Attorney General
State of Connecticut
55 Elm Street, P.O. Box 120
Hartford, CT 06141-0120

Dear Mr. Jepsen:

Thank you for your letter dated November 22, 2013 in which you re-stated your continued concerns about the adequacy of the provider network that will be contracted with UnitedHealthcare (UHC) in Connecticut once UHC effectuates provider terminations in early 2014. The Centers for Medicare & Medicaid Services (CMS) continues to meet with UHC on a regular basis to discuss and resolve any complaints or inquiries from enrollees or providers. We understand you also inquired of the DHHS Regional Director whether CMS assesses the adequacy of provider networks routinely.

We assess network adequacy when a Medicare Advantage Organization (MAO) applies for a contract with CMS. Also, we assess the network when the organization seeks to expand its existing service area. We also pursue verification of network adequacy when there are complaints from providers or enrollees. CMS remains committed to preventing network inadequacy and beneficiary harm by requiring that UHC: (1) carefully review the resulting 2014 provider network and verify its adequacy throughout the service area; (2) effectively communicate information about changes to the network to its members and the provider community which includes giving correct and complete information about the appeals process to those providers who call the appeals phone number; and, (3) strictly adhere to CMS requirements with respect to ensuring the continuity of care for UHC members after the effective date of the contract terminations.

Our review of the anticipated provider network in Connecticut has not found any issues with network adequacy. We have reviewed the report from United and after much discussion we have determined that the health plan's network exceeds the requirements for minimum number and maximum time/distance. We did verify the cardiologists listed in the directory and, where we found discrepancies, we brought them to United's attention for revision. Even without those particular providers who for some reason were not listed, the network still meets the standards.

Our time/distance/number standards do not, however, take into account the special needs of the disabled, elderly, low income, without personal transportation, and non-English speaking members. Consequently, we have asked United to describe how their amended network impacts these populations and what they are doing to address these specific needs. Finally, UHC reports that it has not rescinded terminations as a result of provider appeals in the state.

Any Medicare Advantage Organization (MAO) that effectuates provider contract terminations, including UHC, must ensure that enrollees have the ability to join the practice of the recommended providers who will remain in the network after February 2014. Above all, each and every enrollee must have access to necessary health care and be able to receive that care timely. To that end, the UHC customer service representative call script includes language about how members can ask to continue receiving care from their current specialty providers for a period of time to ensure a smooth transition to an alternate provider. This action is especially appropriate for members undergoing treatments from their current specialist. Moreover, it is our expectation that an MAO will not recommend a practice that:

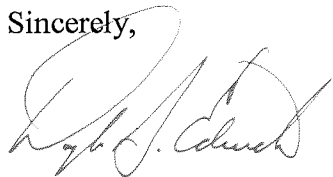
- has limited intake capacity;
- is unable to provide culturally appropriate care;
- cannot accept new patients for any reason;
- does not have a specialty physician who can provide medically necessary care timely.

We have confirmed with UHC that their customer service representatives are trained to reference UHC's on-line 2014 provider directory for the most up-to-date information about the provider network. UHC affirms that this directory does not include providers who will no longer participate in the network in 2014. For a variety of reasons, a provider's network status (e.g. whether the provider is accepting new patients) or demographic information may change at any time. Therefore, UHC continues to work to ensure the information it provides about a physician's network status is accurate and up-to-date. We expect UHC to quickly resolve issues related to an enrollee visit to the recommended provider that results in a hardship for the enrollee, and will continue to monitor UHC to ensure that they take appropriate action in these situations.

We are not releasing specific numbers regarding provider terminations at this time, but as noted above, we are investigating all complaints relating to the network changes.

We appreciate your offer to share with us any information from physician associations, patients, and others about possible network deficiencies. We look forward to working with you as we continue to monitor this situation. If you have additional questions or comments, please contact Marva Nathan, Branch Manager, at 617 565-1234.

Sincerely,



Douglas J. Edwards
Associate Regional Administrator

Cc. Christie L. Hager, DHHS Regional Director, Boston
Ann Duarte, Associate Regional Administrator, CMS-San Francisco
Danielle R. Moon, Director, Center for Medicare, CMS