

No. **2021-7092**

**Official Order
of the
Texas Commissioner of Insurance**

Date: 11/19/2021

Subjects Considered:

UnitedHealthcare Insurance Company
185 Asylum Street
Hartford, Connecticut 06103

UnitedHealthcare of Texas, Inc.
9700 Health Care Lane MN017-E900
Minnetonka, Minnesota 55343-4522

National Pacific Dental, Inc.
1311 West President George Bush Highway
Richardson, Texas 75080

Golden Rule Insurance Company
7440 Woodland Drive
Indianapolis, Indiana 46278-1719

Consent Order
SOAH Docket No. 454-20-3938.C
TDI Enforcement File Nos. 12822, 19806, 28385, 28420, 28527, 28528

General remarks and official action taken:

This is a consent order with the UnitedHealthcare Group companies listed above (collectively, the Companies). The Companies have agreed to pay a \$2,600,000 administrative penalty and make other corrective actions to address violations found during triennial company examinations and for issuing policy forms to Texas consumers that varied from the versions of the forms filed with and approved by TDI.

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Waiver

The Companies acknowledge that the Texas Insurance Code and other applicable laws provide certain rights. The Companies waive all of these rights, and any other applicable procedural rights, related to the entry of this consent order. Under TEX. INS. CODE § 82.055(b), the Companies agree to this consent order with the express reservation that they do not admit to a violation of the Texas Insurance Code or of a rule and that the existence of a violation is in dispute.

Findings of Fact

1. UnitedHealthcare Insurance Company (UHIC) holds a certificate of authority to act as a life, accident, or health insurer in Texas.
2. UnitedHealthcare of Texas, Inc. (UHCTX) holds a certificate of authority to act as a health maintenance organization (HMO) in Texas.
3. National Pacific Dental, Inc. (NPD) holds a certificate of authority to act as a single service HMO in Texas.
4. Golden Rule Insurance Company (Golden Rule) holds a certificate of authority to act as a life, accident, or health insurer in Texas.
5. The Companies are all affiliated entities.

UHIC Examination

6. TDI conducted an examination of UHIC for the period of January 1, 2017, through December 31, 2019.
7. UHIC has cooperated with TDI in its examination and resolution of the matters covered by this order.

Exam Findings – Utilization Review

8. In 40 percent (11 of 27) of initial adverse determinations reviewed, UHIC issued the adverse determinations after the required timeframes. These included one concurrent and 10 preauthorization requests.

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9. In 12 percent (3 of 25) of appeal adverse determinations reviewed, UHIC's utilization review agent (URA) did not timely provide the appealing party letters acknowledging the receipt of the appeal.
10. In 52 percent (13 of 25) of appeal adverse determinations reviewed, UHIC's appeal acknowledgment letters did not indicate the licensed URA that handled the appeals.
11. In 12 percent (3 of 25) of appeal adverse determinations reviewed, UHIC's URA did not offer the provider of record a reasonable opportunity to discuss the services under review within one working day before issuing the prospective adverse determination.
12. In 18 percent (4 of 22) of appeal adverse determinations reviewed, UHIC's URA did not provide the URA's telephone number so the provider of record could contact the URA to discuss the pending adverse determination.
13. In 8 percent (2 of 25) of appeal adverse determinations reviewed, UHIC's URA did not document the opportunity offered to the provider of record, including the date and time the URA offered the opportunity to discuss the adverse determination and the date and time that the discussion occurred.
14. In 4 percent (1 of 25) of appeal adverse determinations reviewed, UHIC's URA issued the appeal resolution letter later than the 30th calendar day from receipt of the appeal and did not provide the appeal resolution letters to the provider of record.
15. In 28 percent (7 of 25) of appeal adverse determinations reviewed, UHIC's URA issued appeal resolution letters that did not indicate the licensed URA that handled the appeal.

Exam Findings – Claims Handling

16. In 2 percent (1 of 50) of claims reviewed, UHIC notified the claimant in writing of the acceptance or rejection of a claim later than the 15th business day after UHIC received all items, statements, and forms required to secure final proof of loss.

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17. In 2 percent (1 of 50) of claims reviewed, UHIC paid the noninstitutional preferred providers' clean claims between 1 and 45 days late and did not pay the applicable prompt payment penalties.

Exam Findings – Provider Directories

18. In 13 percent (1,209 of 9,240) of directory update submissions reviewed, UHIC did not correct its directory by the seventh day after UHIC received a report of a directory inaccuracy.

UHCTX Examination

Prior Exam

19. TDI conducted an examination of UHCTX for the period of February 11, 2013, through December 31, 2015.
20. UHCTX agreed to Commissioner's Order No. 2018-5695 and paid an administrative penalty of \$175,000 for violations found in the exam.

Current Exam

21. TDI conducted an examination of UHCTX for the period of January 1, 2016, through December 31, 2018.
22. UHCTX has cooperated with TDI in its examination and resolution of the matters covered by this order.

Exam Findings – Utilization Review

23. The exam found that UHCTX's URA did not include required complaint procedures in utilization review appeals documentation. This finding was also present in the prior exam of UHCTX.
24. In 30 percent (17 of 57) of adverse determinations reviewed, UHCTX's URA did not issue and transmit determinations by the third calendar day after the date the requests were received by the URA.

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25. In 59 percent (13 of 22) of adverse determination appeals reviewed, the appeal acknowledgment letters did not indicate the licensed URA handling the appeal.
26. In 77 percent (17 of 22) of adverse determination appeals reviewed, the appeal resolution letters did not indicate the licensed URA handling the appeal.
27. In 50 percent (11 of 22) of adverse determination appeals reviewed, UHCTX's URA did not provide the appealing parties a letter indicating the documents the appealing parties must submit for review.
28. In 13 percent (3 of 22) of adverse determination appeals reviewed, UHCTX's URA allowed a registered nurse to overturn a prior denial and approve services during the appeal process instead of a physician.

Exam Findings – Claims Handling

29. The exam found issues with UHCTX's explanation of benefits (EOBs) for non-network facility-based providers and non-network emergency claims.
30. For instance, the EOBs incorrectly referred to the availability of a statutory mediation process for any balance bills received by UHCTX enrollees. The notice directed enrollees who received balance bills from those non-network providers to contact UHCTX to begin the mediation process. During the exam's timeframe and until December 31, 2019, this statutory mediation process was not available for HMO claims.
31. Additionally, the EOBs included language stating that enrollees may have owed certain amounts to non-network facility-based and emergency providers. However, the EOBs also included information telling enrollees that they should not pay balance bills and should instead contact UHCTX if they were balance billed for the difference between the providers' billed charges and amounts paid by UHCTX.
32. UHCTX represents that its process when contacted by an enrollee about a balance bill was to negotiate and pay non-network facility-based or emergency providers to resolve the bill. UHCTX represents that it will continue to apply the process of negotiation and re-adjudication of claims if UHCTX is contacted by an enrollee regarding a balance bill paid to or received from a non-network provider prior to the date of this consent order for non-network facility-based or emergency services covered by the UHCTX plans from 2016 through 2019.

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Exam Findings – Complaints and Appeals

33. In 44 percent (11 of 25) of the complaints reviewed, UHCTX did not send acknowledgment letters by the fifth business day after UHCTX received the complaints.
34. In 100 percent (15 of 15) of the complaint appeals reviewed, UHCTX did not provide the complainant's designated representative any documentation to be presented to the complaint appeal panel by UHCTX staff, the specialization of any physicians or providers consulted during the investigation, and the name and affiliation of each UHCTX representative on the complaint appeal panel by the fifth business day before the date a complaint appeal panel was scheduled to meet. This finding was also present in the prior exam of UHCTX.
35. In 100 percent (14 of 14) of the complaint appeals with an appeals panel reviewed, UHCTX did not include, as part of the appeal panel, an equal number of UHCTX staff members, physicians or other providers, and enrollees and a physician with experience in the area of care that is in dispute. This finding was also present in the prior exam of UHCTX.

Exam Findings – Network

36. In 5 percent (941 of 17,819) of ongoing reviews UHCTX conducted as prescribed by Texas law, UHCTX did not make the corrections and updates, if any, not less than once each month.
37. In 22 percent (1,149 of 5,321) of health care provider directory inaccuracies reported, UHCTX did not investigate the reports and correct the information by the seventh day after the date UHCTX received the report.

NPD Examination

Prior Exam

38. TDI conducted an examination of NPD for the period of January 1, 2014, through December 31, 2016.

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39. NPD agreed to Commissioner's Order No. 2019-5935 and paid an administrative penalty of \$200,000 for violations found in the exam, which included repeat violations from a previous exam.

Current Exam

40. TDI conducted an examination of NPD for the period of January 1, 2017, through December 31, 2019.
41. NPD has cooperated with TDI in its examination and resolution of the matters covered by this order.

Exam Findings – Utilization Review

42. In 40 percent (10 of 25) of appeal adverse determinations reviewed, NPD's appeal acknowledgment letter did not indicate the licensed URA. This finding was also present in the prior exam of NPD.

Exam Findings – Claims Handling

43. In 62 percent (31 of 50) of claims reviewed, NPD did not pay the required prompt pay penalty and interest for clean claims.
44. NPD represents that its failure to correctly pay prompt pay penalties and interest for clean claims was due to a systems issue that existed during the exam period and extended after the exam period. As a result of this examination, NPD corrected the system and paid the correct penalties and interest of approximately \$160,000 to cover the impacted time period.
45. In 4 percent (2 of 50) of claims reviewed, NPD did not timely notify providers that clean claims were not payable. This finding was also present in the prior exam of NPD.

Exam Findings – Complaints and Appeals

46. In 4 percent (1 of 25) of complaints reviewed, NPD's acknowledgment letter did not include the correct date the complaint was received. This finding was also present in the prior exam of NPD.

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47. In 12 percent (3 of 25) of complaints reviewed, NPD did not send a timely acknowledgment letter after the complaint was received. This finding was also present in the prior exam of NPD.
48. In 12 percent (3 of 25) of complaints reviewed, NPD did not acknowledge, investigate, and resolve the complaint within 30 days of receipt.

Exam Findings – Network and Credentialing

49. In 10 percent (46 of 452) of network applications that NPD received, NPD did not notify a physician or provider of acceptance or non-acceptance, in writing, by the 90th day from receipt of application for participation.

Golden Rule Examination

50. TDI conducted an examination of Golden Rule for the period of January 1, 2017, through December 31, 2019.
51. Golden Rule has cooperated with TDI in its examination and resolution of the matters covered by this order.

Exam Findings – Utilization Review

52. In 17 percent (5 of 30) of initial adverse determinations reviewed, Golden Rule's URA did not refer the requests to an appropriate physician or health care provider to determine medical necessity.
53. In 40 percent (12 of 30) of initial adverse determinations reviewed, Golden Rule's URA did not afford the provider a reasonable opportunity to discuss the services under review. These included one concurrent, six preauthorization, and five retrospective requests.
54. In 30 percent (9 of 30) of initial adverse determinations reviewed, Golden Rule's URA did not provide the URA's telephone number so the provider of record could contact the URA to discuss the pending adverse determination.
55. In 7 percent (2 of 30) of initial adverse determinations reviewed, Golden Rule issued the adverse determinations after the required timeframes.

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56. In 16 percent (5 of 30) of initial adverse determinations reviewed, Golden Rule's written notice did not include the professional specialty of the physician, doctor, or other health care provider who made the adverse determination.
57. In 26 percent (6 of 23) of appeal adverse determinations reviewed, Golden Rule's URA did not provide the appealing party a letter acknowledging the receipt of appeal within five working days.
58. In 65 percent (15 of 23) of appeal adverse determinations reviewed, Golden Rule's appeal acknowledgment letter did not indicate the licensed URA that handled the appeal.
59. In 56 percent (13 of 23) of appeal adverse determinations reviewed, Golden Rule's URA did not provide the appealing parties a letter acknowledging the date the URA received the appeal.
60. In 4 percent (1 of 23) of appeal adverse determinations reviewed, Golden Rule's URA did not provide the appealing party a letter indicating the documents the appealing party must submit for review.
61. In 4 percent (1 of 23) of appeal adverse determinations reviewed, Golden Rule's URA had the appeal reviewed by a health care provider involved in the initial adverse determination.
62. In 74 percent (17 of 23) of appeal adverse determinations reviewed, Golden Rule's URA did not provide the provider a reasonable opportunity to discuss the services under review. This occurred in one preauthorization and 16 retrospective requests.
63. In 13 percent (3 of 23) of appeal adverse determinations reviewed, Golden Rule's URA issued appeal resolution letters that did not indicate the licensed URA that handled the appeal.
64. In 4 percent (1 of 23) of appeal adverse determinations reviewed, Golden Rule's URA issued the appeal resolution letter later than the 30th calendar day from receipt of the appeal.
65. In 30 percent (7 of 23) of appeal adverse determinations reviewed, Golden Rule's URA did not send the appeal resolution letter to the patient or a person acting on behalf of the patient.

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66. In 8 percent (2 of 23) of appeal adverse determinations reviewed, Golden Rule's URA did not provide the appeal resolution letter to the provider of record.
67. In 8 percent (2 of 23) of appeal adverse determinations reviewed, Golden Rule's URA issued an appeal resolution letter that did not include a description or the source of the screening criteria used in making the determination.
68. In 4 percent (1 of 23) of appeal adverse determinations reviewed, Golden Rule's URA issued an appeal resolution letter that did not include the professional specialty of the physician who made the determination.
69. In 4 percent (1 of 23) of appeal adverse determinations reviewed, Golden Rule's URA did not notify TDI within one working day from the date Golden Rule received a request for an independent review.

Exam Findings – Identification Cards

70. Golden Rule's member identification cards did not contain the acronym "EPO" or the phrase "Exclusive Provider Organization."
71. Golden Rule's pharmacy benefits identification cards did not contain the corresponding copayment or coinsurance amounts for generic and brand-name drugs.

Exam Findings – Network

72. In 13 percent (1,209 of 9,240) of directory update submissions reviewed, Golden Rule did not correct its directory by the seventh day after Golden Rule received a report of a directory inaccuracy.

UHIC and UHCTX Form Filings

73. Health insurance companies and HMOs are required to file policy documents and evidences of coverage with TDI before use. TDI must approve or disapprove the form filings in accordance with Texas Insurance Code Chapters 1271 and 1701.

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74. As a result of a consumer complaint, TDI discovered that there were some variations in the coverage documents that UHIC and UHCTX issued to insureds as compared to the version approved by TDI.
75. At TDI's request, UHIC and UHCTX instituted a third-party audit for the period of January 2018 to May 2019, to determine any variations in the issued coverage documents from those approved by TDI.
76. The audit showed some variations in most plans issued by UHIC and UHCTX during the period. Some variations included stylistic, typographical, or grammatical changes. In more isolated instances, there were more substantive changes that changed or could have confused the consumer about the coverage offered.
77. UHIC and UHCTX represent that they processed claims in accordance with the product filings approved by TDI, despite any policy language variations.
78. UHIC and UHCTX represent that other materials that they provided to consumers, including benefit summary and explanation documents, accurately communicated the coverage provided under the approved versions of the coverage documents.
79. As of May 1, 2020, UHIC and UHCTX represent that they updated their product forms and internal procedures so that all new or renewing policies use approved language.

Conclusions of Law

1. The commissioner has jurisdiction over this matter under TEX. INS. CODE chs. 82, 84, 541, 542, 801, 843, 1301, 1451, 1271, 1701, and 4201; 28 TEX. ADMIN. CODE chs. 3, 19, and 21; and TEX. GOV'T CODE §§ 2001.051-2001.178.
2. The commissioner has the authority to dispose of this case informally under TEX. GOV'T CODE § 2001.056, TEX. INS. CODE §§ 36.104 and 82.055, and 28 TEX. ADMIN. CODE § 1.47.
3. The Companies have knowingly and voluntarily waived all procedural rights to which they may have been entitled regarding the entry of this order, including, but not limited to, issuance and service of notice of intention to institute disciplinary action, notice of hearing, a public hearing, a proposal for decision, rehearing by the commissioner, and judicial review.

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Utilization Review

4. UHIC and Golden Rule violated TEX. INS. CODE § 1301.135(d) and 28 TEX. ADMIN. CODE § 19.1718(d) by issuing adverse determinations after the required timeframes.
5. UHCTX violated 28 TEX. ADMIN. CODE § 19.1711(a)(8)(H) by not including required complaint procedures in utilization review appeals documentation.
6. UHCTX violated TEX. INS. CODE § 843.348(d) and 28 TEX. ADMIN. CODE § 19.1718(d)(1) by issuing adverse determinations after the required timeframes.
7. UHIC, UHCTX, NPD, and Golden Rule violated TEX. INS. CODE § 4201.101 and 28 TEX. ADMIN. CODE § 19.1704(a) by using adverse determination appeal letters that did not indicate the licensed URA handling the appeal.
8. Golden Rule violated TEX. INS. CODE § 4201.153(d) and 28 TEX. ADMIN. CODE § 19.1705(d) when its URA did not refer adverse determination requests to an appropriate physician or health care provider to determine medical necessity.
9. UHIC and Golden Rule violated TEX. INS. CODE § 4201.206 and 28 TEX. ADMIN. CODE §§ 19.1703(b)(26)(A)-(C), 19.1710, and 19.1711(a)(5) by failing to offer the provider of record a reasonable opportunity to discuss the services under review.
10. UHIC and Golden Rule violated TEX. INS. CODE § 4201.206 and 28 TEX. ADMIN. CODE § 19.1710(1) by failing to provide the URA's telephone number, so the provider of record could contact the URA to discuss the pending adverse determination.
11. UHIC violated TEX. INS. CODE § 4201.206 and 28 TEX. ADMIN. CODE § 19.1710(2) by failing to document the opportunity offered to the provider of record, including the date and time the URA offered the opportunity to discuss the adverse determination and the date and time that the discussion occurred.
12. UHIC, UHCTX, and Golden Rule violated TEX. INS. CODE § 4201.355 and 28 TEX. ADMIN. CODE § 19.1711(a) by failing to provide appealing parties a letter with all information required under Texas law.
13. UHCTX violated TEX. INS. CODE § 4201.356(a) and 28 TEX. ADMIN. CODE § 19.1711(a)(4) by allowing a registered nurse to overturn a prior denial instead of a physician.

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14. UHIC and Golden Rule violated TEX. INS. CODE §§ 4201.358 and 4201.359 and 28 TEX. ADMIN. CODE § 19.1711(a)(8)-(9) by issuing the appeal resolution letter later than the 30th calendar day from receipt of the appeal and not providing the appeal resolution letter to the required persons.
15. Golden Rule violated 28 TEX. ADMIN. CODE § 19.1709(c)(4) by failing to include in its written notice the professional specialty of the health care provider who made the adverse determination.
16. Golden Rule violated 28 TEX. ADMIN. CODE § 19.1711(a)(8)(C) by issuing an appeal resolution letter that did not include a description or the source of the screening criteria used in making the determination.
17. Golden Rule violated TEX. INS. CODE § 4201.359(b)(2) and 28 TEX. ADMIN. CODE § 19.1711(a)(8)(D) by failing to include in its written notice the professional specialty of the health care provider who made the adverse determination.
18. Golden Rule violated 28 TEX. ADMIN. CODE § 19.1717(c) by failing to notify TDI within one working day from the day Golden Rule received a request for an independent review.
19. Golden Rule violated 28 TEX. ADMIN. CODE § 19.1711(a)(4) by allowing a health care provider involved in the initial adverse determination to review the appeal of the same adverse determination.

Claims Handling

20. UHIC violated TEX. INS. CODE § 542.056(a) by failing to notify the claimant in writing of the acceptance or rejection of a claim later than the 15th business day after UHIC received all items, statements, and forms required to secure final proof of loss.
21. UHIC violated TEX. INS. CODE § 1301.137 and 28 TEX. ADMIN. CODE § 21.2815(a) by failing to pay applicable prompt payment penalties and interest.
22. UHCTX violated TEX. INS. CODE § 542.003(b)(1) by issuing EOBs that incorrectly indicated that the amount not paid for a claim from a non-network facility-based or emergency provider was an amount owed by the enrollee.

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23. UHCTX violated TEX. INS. CODE § 542.003(b)(1) by issuing EOBs that incorrectly indicated that the statutory mediation process was available to protect an enrollee from an amount not paid for a claim from a non-network facility-based or emergency provider was an amount owed by the enrollee.
24. NPD violated TEX. INS. CODE § 843.342 and 28 TEX. ADMIN. CODE § 21.2815(a) by failing to pay applicable prompt payment penalties and interest.
25. NPD violated TEX. INS. CODE § 843.338(3) by failing to timely notify providers that clean claims were not payable.

Complaints and Identification Cards

26. UHCTX and NPD violated TEX. INS. CODE § 843.252(a) by failing to send correct and timely complaint acknowledgment letters.
27. UHCTX violated TEX. INS. CODE § 843.256(1)-(3) by failing to provide complainants' designated representatives any documentation to be presented to the complaint appeal panel by the UHCTX staff, the specialization of any physicians or providers consulted during the investigation, and the name and affiliation of each UHCTX representative on the complaint appeal panel by the fifth business day before the date a complaint appeal panel was scheduled to meet.
28. UHCTX violated TEX. INS. CODE § 843.255(b) by failing to include, as part of the complaint appeal panel, an equal number of UHCTX staff members, physicians or other providers, and enrollees and a physician with experience in the area of care that is in dispute.
29. NPD violated TEX. INS. CODE § 843.252(c) by failing to acknowledge, investigate, and resolve the complaint within 30 days of receipt.
30. Golden Rule violated TEX. INS. CODE § 1301.1581(c)(3) because its member identification cards did not contain the acronym "EPO" or the phrase "Exclusive Provider Organization."
31. Golden Rule violated 28 TEX. ADMIN. CODE § 21.3003 because its pharmacy benefits identification cards did not contain the corresponding copayment or coinsurance amounts for generic and brand-name drugs.

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Network, Provider Directories, and Notifications

32. UHCTX violated TEX. INS. CODE § 1451.505(d) by failing to make the corrections and updates to provider directories not less than once each month.
33. UHCTX, UHIC, and Golden Rule violated TEX. INS. CODE § 1451.505(e) by failing to investigate and correct provider directories by the seventh day after the date the company received a report of a directory inaccuracy.
34. NPD violated TEX. INS. CODE § 843.305(c) and 28 TEX. ADMIN. CODE §11.1402(c) by failing to notify a physician or provider of acceptance or non-acceptance, in writing, by the 90th day from receipt of application for participation in NPD's network.

Form Filing

35. UHIC violated TEX. INS. CODE § 1701.051 by using documents described by Section 1701.002 in forms which were not filed with TDI.
36. UHCTX violated TEX. INS. CODE § 1271.101 by issuing and delivering evidences of coverage in forms which were not filed with and approved by TDI.
37. UHIC and UHCTX violated TEX. INS. CODE § 541.051(a) by issuing or causing to be issued statements misrepresenting the terms of policies.

Order

It is ordered that UnitedHealthcare Insurance Company, UnitedHealthcare of Texas, Inc., National Pacific Dental, Inc., and Golden Rule Insurance Company must pay, jointly and severally, an administrative penalty of \$2,600,000 within 30 days from the date of this order. The administrative penalty must be paid as instructed in the invoice, which TDI will send after entry of this order.

It is also ordered that UnitedHealthcare Insurance Company, UnitedHealthcare of Texas, Inc., National Pacific Dental, Inc., and Golden Rule Insurance Company must each report to TDI on or before January 31, 2022. The report will affirm that each company has fully implemented its corrective action plan for each exam or if not, the report will detail how each company intends to fully implement its corrective action plan, resources dedicated to implementation, timeliness, and a process for independent verification of objective

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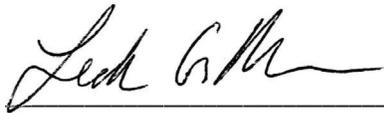
progress to comply with Texas law. The report for each company must be sent to EnforcementReports@tdi.texas.gov.

DocuSigned by:

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Cassie Brown
Commissioner of Insurance

Recommended and reviewed by:



Leah Gillum, Deputy Commissioner
Enforcement Division

Affidavit

STATE OF Texas

§

COUNTY OF Harris

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§

Before me, the undersigned authority, personally appeared David Milich, who being by me duly sworn, deposed as follows:

"My name is David Milich. I am of sound mind, capable of making this statement, and have personal knowledge of these facts which are true and correct.

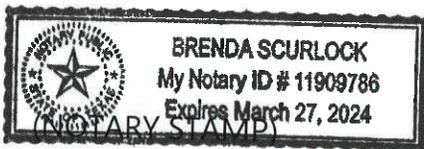
I hold the office of Chief Executive OFFICER - Texas and am the authorized representative of UnitedHealthcare Insurance Company and UnitedHealthcare of Texas, Inc. I am duly authorized by said organizations to execute this statement.

UnitedHealthcare Insurance Company and UnitedHealthcare of Texas, Inc. have knowingly and voluntarily entered into the foregoing consent order and agree with and consent to the issuance and service of the same by the commissioner of insurance of the state of Texas."

David Milich

Affiant

SWORN TO AND SUBSCRIBED before me on 11/19/, 2021.



[Signature]
Signature of Notary Public

Affidavit

STATE OF Texas

§

COUNTY OF Harris

§

§

Before me, the undersigned authority, personally appeared David Milich who being by me duly sworn, deposed as follows:

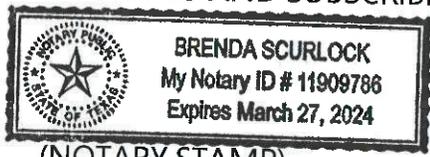
"My name is David Milich. I am of sound mind, capable of making this statement, and have personal knowledge of these facts which are true and correct.

I hold the office of Chief Executive Officer - Texas and am the authorized representative of Golden Rule Insurance Company. I am duly authorized by said organization to execute this statement.

Golden Rule Insurance Company has knowingly and voluntarily entered into the foregoing consent order and agrees with and consent to the issuance and service of the same by the commissioner of insurance of the state of Texas."

David Milich
Affiant

SWORN TO AND SUBSCRIBED before me on 11/19/, 2021.



(NOTARY STAMP)

[Signature]
Signature of Notary Public