



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Market Conduct Report

of

eviCore healthcare MSI, LLC d/b/a eviCore healthcare

February 5, 2024

From September 19, 2023 through January 29, 2024, the Market Conduct Division of the Connecticut Insurance Department examined the utilization review practices of eviCore healthcare MSI, LLC d/b/a eviCore healthcare (the Company), using a sample period of January 1, 2021 through December 31, 2021. The examination was limited to Connecticut enrollees.

eviCore healthcare MSI, LLC d/b/a eviCore healthcare has its home office in the State of Tennessee and is licensed as a utilization review entity in the State of Connecticut under license number 2552628. By authority granted under §38a-591 of the Connecticut General Statutes, this examination was conducted by Market Conduct examiners of the State of Connecticut Insurance Department (the Department) at the Department's offices in Hartford, Connecticut.

The purpose of the examination was to evaluate the Company's utilization review practices in the State of Connecticut. From a listing of utilization reviews performed by the Company, the examiners reviewed one hundred ninety-six (196) sample files, which included complaints and approved, denied and appeal certifications during the examination period.

The Department's findings are as follows:

- The examiners verified that seventy-seven (77) determinations not to certify care did not reflect an external appeal may be filed within 120 calendar days after receiving an adverse determination or a final determination.
- The examiners verified that one (1) approval determination was not made within the required forty-eight hours after receipt of the request for review or seventy-two hours after such receipt of request if any portion of such forty-eight hour periods falls on a weekend, upon the receipt of all information reasonably required to respond to an urgent care request.
- The examiners verified that two (2) appeal determinations were not made within the required 30 days of the receipt of the request for review, upon the receipt of all information reasonably required to make appeal determinations.
- The examiners verified that three (3) appeal determinations were not made within the required 60 days of the receipt of the request for review, upon the receipt of all information reasonably required to make retrospective appeal determinations.

- The examiners verified that there were three (3) instances where the Company did not have sufficient documentation for regulatory review.
- The examiners verified that two (2) determinations not to certify care were not reviewed by an appropriate clinical peer for the service requested.
- The examiners verified that one (1) appeal determination was reviewed by the same physician that conducted the initial review.

It is recommended that the Company review its policies and procedures to ensure that proper Connecticut external appeal language is contained in the determination letters not to certify care, appeal determinations are made within the 30 day requirement, retrospective appeal determinations are made within the 60 day requirement and approval determinations are made within the 48-hour requirement or seventy-two hours after such receipt of grievance if any portion of such forty-eight hour periods falls on a weekend, determinations not to certify care are reviewed by an appropriate clinical peer, a clinical peer not involved in the initial determination should be utilized for the appeal determination, as required by statute.

It is further recommended that the Company note its utilization reviews based on date of request, not decision date. Also, determination letters not to certify care and appeal determination letters should reflect all Medical Directors who reviewed the file. Letters should reflect both reviewers if one is exclusively for a plan directive.



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

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 IN THE MATTER OF : DOCKET MC 24-15
 eviCore healthcare MSI, LLC d/b/a eviCore healthcare :
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STIPULATION AND CONSENT ORDER

It is hereby stipulated and agreed between eviCore healthcare MSI, LLC d/b/a eviCore healthcare and the State of Connecticut Insurance Department by and through Andrew N. Mais, Insurance Commissioner (“Insurance Commissioner”) to wit:

I

WHEREAS, pursuant to a market conduct examination, the Insurance Commissioner alleges the following with respect to eviCore healthcare MSI, LLC d/b/a eviCore healthcare:

1. eviCore healthcare MSI, LLC d/b/a eviCore healthcare, hereinafter referred to as Respondent, is domiciled in the State of Tennessee and is licensed to transact the business of a utilization review entity in the State of Connecticut under license number 2552628.
2. From September 19, 2023 through January 29, 2024, the Department conducted an examination of Respondent’s utilization review practices in the State of Connecticut covering the period from January 1, 2021 through December 31, 2021.
3. During the period under examination, Respondent failed to establish practices and procedures to ensure compliance in all instances with statutory requirements for:
 - a. providing proper Connecticut external appeal language.
 - b. responding to an urgent care request within forty-eight hours after the health carrier receives such request or seventy-two hours after such health carrier receives such request if any portion of such forty-eight-hour period falls on a weekend regarding an urgent care request.
 - c. notification of a determination to certify care, admission or procedure within 30 days of the receipt of the request for review, upon the receipt of all information reasonably required to make appeal determinations.
 - d. notification of a determination not to certify care, admission or procedure within 60 days of the receipt of the request for review, upon the receipt of all information reasonably required to make retrospective appeal determinations.
 - e. providing sufficient documentation for regulatory review.
 - f. providing an appropriate clinical peer to review an appeal request.

- g. designating an appropriate clinical peer not involved in the initial adverse determination to review such adverse determination.
4. The conduct as described above violates §38a-591b and §38a-591d of the Connecticut General Statutes, and §38a-591-8 of the Regulations of Connecticut State Agencies and constitutes cause for the imposition of a fine or other administrative penalty under §38a-591k of the Connecticut General Statutes.

II

1. WHEREAS, Respondent admits to the allegations contained in paragraphs three and four of Article I of this Stipulation; and
2. WHEREAS, Respondent agrees to review its utilization review practices and procedures and correct those identified as concerns during the market conduct examination, as described in the Examination of Utilization Review Practices Report and this Stipulation, and bring them into immediate compliance with Connecticut Statutes; and
3. WHEREAS, Respondent agrees to provide the Insurance Commissioner with a full report of finding and a summary of actions taken to comply with the requirements of paragraph two of this section within ninety (90) days of the date of this document; and
4. WHEREAS, Respondent, being desirous of terminating this proceeding without the necessity of a formal proceeding or further litigation, does consent to the making of this Final Order and voluntarily waives:
 - a. any right to a hearing; and
 - b. any requirement that the Insurance Commissioner's decision contain a statement of findings of fact and conclusion of law; and
 - c. any and all rights to object to or challenge before the Insurance Commissioner or in any judicial proceeding any aspect, provision or requirement of this Stipulation.
5. WHEREAS, Respondent agrees to pay a fine in the amount of \$16,000.00 for the violations described herein.

NOW THEREFORE, upon the consent of the parties, it is hereby ordered and adjudged:

1. That the Insurance Commissioner has jurisdiction of the subject matter of this administrative proceeding.
2. That Respondent is fined the sum of Sixteen Thousand Dollars (\$16,000.00) for the violations herein above described.

EVICORE HEALTHCARE MSI, LLC D/B/A EVICORE HEALTHCARE

BY: *Pamela Doughty*
(Representative of Utilization Review Entity)

CERTIFICATION

The undersigned deposes and says that he/she has duly executed this Stipulation and Consent Order on this 26th day of March 2024 for and on behalf of eviCore healthcare MSI, LLC d/b/a eviCore healthcare that he/she is the Chief Compliance Officer of such company, and he/she has authority to execute and file such instrument.

BY: Pamela Doughty

State of Tennessee

County of Williamson

Personally appeared on this 26th day of March 2024,

Pamela Doughty signer and sealer of the foregoing Stipulation and Consent Order, acknowledged same to be his/her free act and deed before me.



Minnie Odell
Notary Public/Commissioner of the Superior Court

Section Below To Be Completed by State of Connecticut Insurance Department

Dated at Hartford, Connecticut this 10th day of April 2024.

[Signature]
Andrew N. Mais
Insurance Commissioner