

No. 2017- 4888

**OFFICIAL ORDER
of the
TEXAS COMMISSIONER OF INSURANCE**

Date: JAN 05 2017

Subject Considered:

AETNA HEALTH INC.
980 Jolly Rd, # U11s
Blue Bell, PA 19422

CONSENT ORDER
TDI ENFORCEMENT FILE NO. 12182

General remarks and official action taken:

The commissioner of insurance considers whether disciplinary action should be taken against Aetna Health Inc. (Aetna).

WAIVER

Aetna acknowledges that the Texas Insurance Code and other applicable laws provide certain rights. Aetna waives all of these rights and any other applicable procedural rights in consideration of the entry of this consent order.

Pursuant to TEX. INS. CODE § 82.055(b), Aetna agrees to this consent order with the express reservation that it does not admit to a violation of any provision of the Insurance Code or rule or regulation of the department and maintains the existence of any violation is in dispute.

FINDINGS OF FACT

1. TDI issued Aetna basic health maintenance organization license number 5791, effective August 20, 1987.

2012 and 2015 Triennial Examinations

2. On July 25, 2012, TDI conducted a triennial quality of care examination of Aetna for the period beginning June 18, 2009, and ending July 25, 2012.
3. In 2015, TDI conducted another triennial quality of care examination of Aetna for the period beginning April 23, 2012, and ending December 31, 2014.

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4. On February 25, 2016, TDI held an exit conference call with Aetna to discuss the 2015 examination findings.
5. In Aetna's 2015 examination, TDI found that Aetna failed to file its CHIP Member Handbook with the department, similar to the same issue TDI previously identified in Aetna's 2012 examination.
6. In Aetna's 2015 examination, TDI found files related to HMO enrollees did not evidence an adverse determination was issued within three calendar days of receiving the request for services for enrollees not hospitalized at the time of the requests, similar to those that TDI previously identified in Aetna's 2012 examination.
7. In Aetna's 2015 examination, TDI found that Aetna failed to resolve appeals within 30 days of receiving the written appeal, similar to the same issue TDI previously identified in Aetna's 2012 examination.
8. In Aetna's 2015 examination, TDI found that Aetna failed to give the provider of record a reasonable opportunity to discuss the services under review during normal business hours, no less than one working day prior to issuing the prospective adverse determination.
9. In Aetna's 2015 examination, TDI found that Aetna failed to recredential 303 providers within 36 months of the previous credentialing decision.
10. Aetna failed to correct the deficiencies within 90 days from the receipt of its 2012 examination report, in accordance with its 2012 corrective action plan, regarding the filing of the HMO CHIP Member Handbook.
11. Aetna submitted a plan of correction to address the deficiencies cited in the final audit report issued by TDI on August 17, 2016.

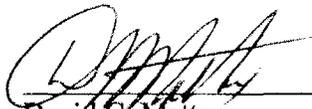
CONCLUSIONS OF LAW

1. The commissioner has jurisdiction over this matter pursuant to TEX. INS. CODE §§ 31.002, 82.051-82.055, 84.021-84.022, 401.055, 843.254, 843.348, 1452.002, and 4201.206; 28 TEX. ADMIN. CODE §§ 11.301, 11.1902, 19.1703, 19.1710, 19.1711, and 19.1718; and TEX. GOV'T CODE §§ 2001.051-2001.178.
2. The commissioner has authority to informally dispose of this matter as set forth under TEX. GOV'T CODE § 2001.056, TEX. INS. CODE §§ 82.055 and 36.104, and 28 TEX. ADMIN. CODE § 1.47.

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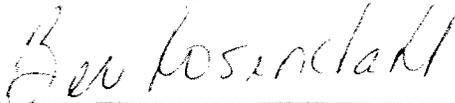
3. Aetna violated 28 TEX. ADMIN. CODE § 11.301(5)(K) by failing to file its CHIP Member Handbook with the department.
4. Aetna violated TEX. INS. CODE § 843.348(d) and 28 TEX. ADMIN. CODE § 19.1718(d)(1) because it failed to issue an adverse determination within three calendar days of receiving the request for services.
5. Aetna violated TEX. INS. CODE § 843.254(c) because it failed to resolve the appeal within 30 days of receiving the written appeal.
6. Aetna violated TEX. INS. CODE § 4201.206, 28 TEX. ADMIN. CODE § 19.1703(b)(26)(A), 19.1710, and 19.1711(a)(5) by failing to give the provider of record a reasonable opportunity to discuss the services under review during normal business hours, no less than one working day prior to issuing the prospective adverse determination.
7. Aetna violated TEX. INS. CODE § 1452.002 and 28 TEX. ADMIN. CODE § 11.1902 by failing to recredential providers within 36 months of the previous credentialing decision.
8. Aetna violated 28 TEX. ADMIN. CODE § 11.303(d)(6)(7) by failing to correct the deficiencies cited within its plan of correction within 90 days from the receipt the written examination report.

The commissioner orders Aetna Health, Inc. to pay an administrative penalty of \$150,000 within 30 days from the date of this order. The administrative penalty must be paid by company check, cashier's check, or money order made payable to the "State of Texas." Mail the administrative penalty to the Texas Department of Insurance, Attn: Enforcement Section, Division 40111, MC 9999, P.O. Box 149104, Austin, Texas, 78714-9104.



David C. Mattax
Commissioner of Insurance

Approved as to Form and Content:



Bev Rosendahl, Staff Attorney
Enforcement Section, Compliance Division
Texas Department of Insurance

