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STATE OF ARIZONA
DEPARTMENT OF INSURANCE

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In the Matter of:)
)
UNITED HEALTHCARE OF ARIZONA, INC.)
NAIC #96016)
)
Respondent.)

Docket No. 06A-033-INS

CONSENT ORDER

On September 11, 2003 the Arizona Department of Insurance ("Department") called a healthcare insurance compliance examination ("Examination") of United HealthCare of Arizona, Inc. ("United HCSO") covering the time period from July 1, 2001 through June 30, 2003 ("Examination Period"). The Examination Period was divided into four six-month periods ("Partial Examination Periods" or "PEPs") as follows:

- PEP 1: July 1, 2001 – December 31, 2001
- PEP 2: January 1, 2002 – June 30, 2002
- PEP 3: July 1, 2002 – December 31, 2002
- PEP 4: January 1, 2003 – June 30, 2003

The Report of the Compliance Examination of United Healthcare Of Arizona, Inc. dated October 3, 2004 ("Report"), which is included herein by reference, alleges that United HCSO violated A.R.S. § 20-142, A.R.S. § 20-157, A.R.S. §§ 20-2533 through 20-2537, A.R.S. § 20-3102, A.A.C. R20-6-1903, A.A.C. R20-6-1906, and A.A.C. R20-6-1908. United HCSO wishes to resolve this matter without formal proceedings. United HCSO admits the following Findings of Fact are true and consents to the entry of the following Conclusions of Law solely for the purposes of resolving the allegations contained in the Report and consents to the entry of the following Order.

1 **FINDINGS OF FACT**

2 I. Jurisdiction.

3 United HCSO is, and throughout the Examination Period was, authorized to
4 operate as a health care services organization insurer pursuant to a Certificate
5 of Authority issued by the Arizona Insurance Director ("Director").

6 II. Utilization Review and Health Care Appeals.

7 A. During the Examination Period, United HCSO failed in certain files that the
8 Department reviewed to provide a health care appeals information packet
9 to members within five business days of the members initiating an appeal.

10 B. During PEPs 2 and 3, United HCSO failed in certain files that the
11 Department reviewed to send members correct member appeal information
12 at the time United HCSO issued a denial or Explanation of Benefits (EOB).
13 During such PEPs, United HCSO was engaged in efforts to comply with a
14 Consent Order dated January 25, 2002 that addressed this deficiency. The
15 Department was aware of such efforts and United HCSO was aware that
16 until such efforts were successful, United HCSO would not be sending
17 correct member appeal information at the time it issued a denial or EOB.

18 C. During PEPs 3 and 4, when handling requests for expedited medical
19 reviews, United HCSO failed in certain files that the Department reviewed
20 to inform the member and the member's treating provider of the expedited
21 decision within one business day.

22 D. During the Examination Period, when handling requests for expedited
23 medical reviews where there was an adverse decision, United HCSO failed
24 in certain files that the Department reviewed to notify the member and the
25 member's treating provider by telephone and mail of the adverse decision

1 and of the member's option to immediately proceed to an expedited appeal.

2 E. During the Examination Period, when handling requests for informal
3 reconsideration, United HCSO failed in certain files that the Department
4 reviewed to mail a written acknowledgment to the member within five
5 business days after receiving the request, or failed to mail a written
6 acknowledgment to the member's treating provider within five business days
7 after receiving the request or failed to do either. During such PEPs, United
8 HCSO was engaged in efforts to comply with a Consent Order dated
9 January 25, 2002 that addressed this deficiency. The Department was
10 aware of such efforts and United HCSO was aware that until such efforts
11 were successful, United HCSO would not be timely acknowledging
12 members' requests for informal reconsideration.

13 F. During the Examination Period, in informal reconsiderations that resulted in
14 a denial, United HCSO failed in certain files that the Department reviewed to
15 mail notice of its decision to the member within thirty business days after
16 receiving a request for informal reconsideration, or to mail notice of its
17 decision to the member's treating provider within thirty business days after
18 receiving a request for informal reconsideration or to include the criteria
19 used and the clinical reasons for the decision.

20 G. During the Examination Period, in informal reconsiderations that resulted in
21 a denial, United HCSO failed in certain files that the Department reviewed to
22 provide the member and the treating provider with a written statement of the
23 agent's decision and the criteria used and the clinical reasons for that
24 decision, including any references to any supporting documentation and a
25

1 notice of the option to proceed after the formal appeal process to an
2 external independent review.

3 H. During the Examination Period, when handling formal appeals, United
4 HCSO failed in certain files that the Department reviewed to mail a written
5 acknowledgment letter to the member and the member's treating provider
6 within five business days after receiving the formal appeal. During such
7 PEPs, United HCSO was engaged in efforts to comply with a Consent Order
8 dated January 25, 2002 that addressed this deficiency. The Department
9 was aware of such efforts and United HCSO was aware that until such
10 efforts were successful, United HCSO would not be timely acknowledging
11 members' formal appeals.

12 I. During PEPs 1, 2 and 3, United HCSO failed in certain files that the
13 Department reviewed to provide written notice of its adverse decision of
14 formal appeals relating to services not yet provided to the member within
15 thirty business days after receiving the written appeal or failed to include the
16 criteria used and the clinical reasons for the decision with the notice.

17 J. During the Examination Period, in adverse decisions in formal appeals
18 relating to claims for services that already had been provided, United HCSO
19 failed in certain files that the Department reviewed to provide written notice
20 of its adverse decision to the member within sixty business days after
21 receiving the written appeal, or to include the criteria used and the clinical
22 reasons for the decision.

23 K. During the Examination Period, in formal appeals that United HCSO denied,
24 it failed in certain files that the Department reviewed to provide the member
25 with notice of the option to proceed to an external independent review.

1 L. During the Examination Period, when handling requests for external
2 independent review or expedited external independent review, United
3 HCSO failed in certain files that the Department reviewed to forward the
4 request to the director within five business days, or did not submit the
5 required information to the director.

6 III. Provider Timely Pay and Provider Grievances.

7 A. During the Examination Period, in certain files that the Department reviewed
8 United HCSO paid no interest or paid too little interest on clean claims it
9 paid late.

10 B. During the Examination Period, in certain files that the Department reviewed
11 United HCSO denied unclean claims before requesting additional
12 information from the provider.

13 C. During the Examination Period, United HCSO's grievance system failed in
14 certain files that the Department reviewed to:

- 15 1. Timely resolve provider payment disputes and other grievances.
- 16 2. Maintain records.
- 17 3. Include all the information required by law in the records it did
18 maintain.
- 19 4. Generate semi-annual statutory reports that accurately summarized
20 all records of grievances during the prior six months.

21 IV. Access to Insurer Records; Insurer Record-Keeping.

22 A. During the course of the Examination, United HCSO failed to produce or
23 maintain and make freely accessible certain claims data, its "data
24 dictionary", certain pharmacy benefit records and its utilization review
25 denials relating to the Examination.

1 B. During PEP 4, United HCSO failed to maintain original data for electronic
2 grievance files and records for the Examination Period easily accessible to
3 the Department in readable form and obtainable as readable reproduced
4 copies.

5 V. Effective Health Care Plan.

6 A. During the Examination Period, to the extent set forth in these Findings of
7 Fact, United HCSO's health care plan was not effective with regard to:

- 8 1. Managing the HCSO.
- 9 2. Establishing and implementing HCSO policies.
- 10 3. Maintaining HCSO records and other information that were
11 compiled and readily available for inspection.

12 B. During the Examination Period, in certain files that the Department reviewed
13 United HCSO denied clean claims it received from non-contracted specialist
14 physicians for covered services they provided to enrollees admitted to
15 contracted hospitals directly from the hospital's emergency department.

16 VI. Order of the Director.

17 A. During part of PEP 3, United HCSO failed in certain files that the
18 Department reviewed to comply with a January 25, 2002 Consent Order by
19 sending EOBs with incorrect member appeal information.

20 B. During PEPs 3 and 4, United HCSO failed in certain files that the
21 Department reviewed to comply with a January 25, 2002 Consent Order by
22 not acknowledging requests for informal reconsiderations (appeals) within
23 five business days of receiving the requests.

24 C. During PEPs 3 and 4, United HCSO failed in certain files that the
25 Department reviewed to comply with a January 25, 2002 Consent Order by

1 not acknowledging requests for formal appeals within five business days of
2 receiving the requests.

3 **CONCLUSIONS OF LAW**

4 I. Jurisdiction.

5 The Director has the authority to enter and enforce this Order. A.R.S. § 20-142.

6 II. Utilization Review and Health Care Appeals.

7 A. During the Examination Period, United HCSO violated A.R.S. § 20-2533(C)
8 by failing in certain files that the Department reviewed to provide a health
9 care appeals information packet to members within five business days of
10 the members initiating an appeal.

11 B. During PEPs 2 and 3, United HCSO violated A.R.S. § 20-2533(D) by failing
12 in certain files that the Department reviewed to send members correct
13 member appeal information at the time United HCSO issued a denial or
14 EOB. United HCSO knowingly violated A.R.S. § 20-2533(D) during part of
15 PEP 3 within the meaning of A.R.S. § 1-215(17) which does not require any
16 knowledge that the conduct was unlawful.

17 C. During PEPs 3 and 4 Period, United HCSO violated A.R.S. § 20-2534(B) by
18 failing in certain files that the Department reviewed to inform the member
19 and the member's treating provider of the expedited healthcare appeal
20 decision within one business day.

21 D. During the Examination Period, United HCSO violated A.R.S. § 20-2534(C)
22 by failing in certain files that the Department reviewed to notify the member
23 and the member's treating provider by telephone and mail of the adverse
24 healthcare appeal decision and of the member's option to immediately
25 proceed to an expedited appeal.

1 E. During the Examination Period, United HCSO violated A.R.S. § 20-2535(B)
2 by failing in certain files that the Department reviewed to mail a written
3 acknowledgment to the member within five business days after receiving a
4 request for an informal reconsideration, or failing to mail a written
5 acknowledgment to the member's treating provider within five business days
6 after receiving the request or failing to do either. United HCSO knowingly
7 violated A.R.S. § 20-2535(B) during PEPs 3 and 4 within the meaning of
8 A.R.S. § 1-215(17) which does not require any knowledge that the conduct
9 was unlawful.

10 F. During the Examination Period, United HCSO violated A.R.S. § 20-2535(D)
11 by failing in certain files that the Department reviewed to mail notice of its
12 informal reconsideration decision to the member within thirty business days
13 after receiving a request for informal reconsideration, or to mail notice of its
14 decision to the member's treating provider within thirty business days after
15 receiving a request for informal reconsideration or to include the criteria
16 used and the clinical reasons for the decision.

17 G. During the Examination Period, United HCSO violated A.R.S. § 20-2535(F)
18 by failing in certain files that the Department reviewed to provide the
19 member and the treating provider, when an informal reconsideration
20 resulted in a denial, with a written statement of the agent's decision and the
21 criteria used and the clinical reasons for that decision, including any
22 references to any supporting documentation and a notice of the option to
23 proceed after the formal appeal process to an external independent review.

24 H. During the Examination Period, United HCSO violated A.R.S. § 20-2536(B)
25 by failing in certain files that the Department reviewed to mail a written

1 acknowledgment letter to the member and the member's treating provider
2 within five business days after receiving the formal appeal. United HCSO
3 knowingly violated A.R.S. § 20-2536(B) during PEPs 3 and 4 within the
4 meaning of A.R.S. § 1-215(17) which does not require any knowledge that
5 the conduct was unlawful.

6 I. During PEPs 1, 2 and 3, United HCSO violated A.R.S. § 20-2536(E)(1) by
7 failing in certain files that the Department reviewed to provide written notice
8 of its adverse decision of formal appeals relating to services not yet
9 provided to the member within thirty business days after receiving the
10 written appeal or failing to include the criteria used and the clinical reasons
11 for the decision with the notice.

12 J. During the Examination Period, United HCSO violated A.R.S. § 20-
13 2536(E)(2) by failing in certain files that the Department reviewed to provide
14 written notice of its adverse decision, in formal appeals relating to claims for
15 services that already had been provided to the member, within sixty
16 business days after receiving the written appeal, or to include the criteria
17 used and the clinical reasons for the decision.

18 K. During the Examination Period, United HCSO violated A.R.S. § 20-2536(G)
19 by failing in certain files that the Department reviewed to provide the
20 member whose formal appeal was denied, with notice of the option to
21 proceed to an external independent review.

22 L. During the Examination Period, United HCSO violated A.R.S. § 20-
23 2537(C)(2) by failing in certain files that the Department reviewed to forward
24 requests for external independent review or expedited external independent
25 review to the director within five business days, or by not submitting the

1 required information to the director.

2 III. Provider Timely Pay and Grievances.

3 A. During the Examination Period, United HCSO violated A.R.S. § 20-3102(A)
4 in certain files that the Department reviewed by paying no interest or too
5 little interest on clean claims it paid late.

6 B. During the Examination Period, United HCSO violated A.R.S. § 20-3102(B)
7 in certain files that the Department reviewed by denying unclean claims
8 before requesting additional information from the provider.

9 C. During the Examination Period, United HCSO violated A.R.S. § 20-3102(F)
10 in certain files that the Department reviewed by having a grievance system
11 that failed to:

- 12 1. Timely resolve provider payment disputes and other grievances.
- 13 2. Maintain records.
- 14 3. Include all the information required by law in the records it did
15 maintain.
- 16 4. Generate semi-annual statutory reports that accurately
17 summarized all records of grievances during the prior six months.

18 IV. Access to Insurers' Records; Insurer Record-Keeping.

19 A. During the course of the Examination Period, United HCSO violated A.R.S.
20 § 20-157(A) by failing to produce or maintain and make freely accessible
21 certain claims data, its "data dictionary", certain pharmacy benefit records
22 and its utilization review denials relating to the Examination.

23 B. During PEP 4, United HCSO violated A.R.S. § 20-157(D) by failing to
24 maintain original data for electronic files and records easily accessible to the
25 Department in readable form and obtainable as readable reproduced

1 copies.

2 V. Effective Health Care Plan.

3 A. During the Examination Period, United HCSO violated A.A.C. R20-6-
4 1908(B)(1), A.A.C. R20-6-1908(B)(2) and A.A.C. R20-6-1903 by failing, to
5 the extent set forth in the Findings of Fact above, to:

- 6 1. Manage the HCSO.
- 7 2. Establish and implement HCSO policies.
- 8 3. Maintain HCSO records and other information that were
9 compiled and readily available for inspection.

10 B. During the Examination Period, United HCSO violated A.A.C. R20-6-
11 1906(E) and (F)(3) in certain files that the Department reviewed by denying
12 clean claims it received from non-contracted specialist physicians for
13 covered services they provided to enrollees admitted to contracted hospitals
14 directly from the hospital's emergency department.

15 VI. Order of the Director.

16 A. During part of PEP 3, United HCSO violated A.R.S. §§ 20-142(A) and (B) by
17 failing to comply with a Consent Order when it sent EOBs with incorrect
18 member appeal information.

19 B. During PEPs 3 and 4, United HCSO violated A.R.S. §§ 20-142(A) and (B)
20 by failing to comply with an Order of the Director when it did not
21 acknowledge requests for informal reconsiderations (appeals) within five
22 business days of receiving the requests.

23 C. During PEPs 3 and 4, United HCSO violated A.R.S. §§ 20-142(A) and (B)
24 by failing to comply with an Order of the Director when it did not
25 acknowledge requests for formal appeals within five business days of

1 receiving the requests.

2 **ORDER**

3 **IT IS HEREBY ORDERED THAT:**

4 1. Health Care Appeals Practices. Within 120 days of the filed date of this Order,
5 United HCSO shall submit to the Arizona Department of Insurance for the Director's
6 approval a Corrective Action Plan (CAP 1) that provides specific steps United HCSO
7 will take by certain dates to assure that by a specified implementation date, United
8 HCSO is:

- 9 a. Providing a health care appeals information packet to members within five
10 business days of the members initiating an appeal.
- 11 b. Sending members correct member appeal information at the time a denial or
12 EOB is issued.
- 13 c. Informing members and the members' treating provider of the expedited
14 healthcare appeal decision within one business day.
- 15 d. Notifying, telephonically and in writing, the member and the members' treating
16 provider of an adverse healthcare appeal decision and the member's option to
17 immediately proceed to an expedited appeal.
- 18 e. Mailing a written acknowledgment to the member and the member's treating
19 provider within five business days after receiving a request for an informal
20 reconsideration.
- 21 f. Mailing notice of its informal reconsideration decision to the member and the
22 member's treating provider within thirty business days after receiving a
23 request for informal reconsideration. The notice is to include the criteria used
24 and the clinical reasons for the decision.
- 25 g. When an informal reconsideration results in a denial, providing the member

1 and the treating provider, with a written statement of the agent's decision and
2 the criteria used and the clinical reasons for that decision, including any
3 references to any supporting documentation and a notice of the option to
4 proceed after the formal appeal process to an external independent review.

5 h. Mailing a written acknowledgment letter to the member and the member's
6 treating provider within five business days after receiving a formal appeal.

7 i. If formal appeals relating to services not yet provided, providing written notice
8 of the decision, including the criteria used and the clinical reasons for the
9 decision, to the member within thirty business days after receiving the written
10 appeal.

11 j. In formal appeals relating to claims for services that already had been
12 provided to the member, providing written notice of the adverse decision,
13 including the criteria used and the clinical reasons for the decision within sixty
14 business days after receiving the written appeal.

15 k. Providing a member whose formal appeal is denied with notice of the option
16 to proceed to an external independent review.

17 l. Forwarding requests for external independent review or expedited external
18 independent review, to the director within five business days, with the
19 required information.

20 2. Provider Timely Pay. Within 120 days of the filed date of this Order, United HCSO
21 shall submit to the Arizona Department of Insurance for the Director's approval a
22 Corrective Action Plan (CAP 2) that provides specific steps United HCSO will take
23 by certain dates to assure that by a specified implementation date, United HCSO is:

24 a. Paying the correct amount of interest on clean claims paid late, including
25 clean claims paid late after receiving additional information.

1 b. Not denying unclean claims before requesting additional information from the
2 provider.

3 3. Provider Grievances. Within 120 days of the filed date of this Order, United HCSO
4 shall submit to the Arizona Department of Insurance for the Director's approval a
5 Corrective Action Plan (CAP 3) that provides specific steps United HCSO will take
6 by certain dates to assure that by a specified implementation date, United HCSO
7 shall establish and maintain a grievance resolution system that without limitation:

8 a. Timely resolves provider payment disputes and other grievances.

9 b. Maintains records and includes in the records all the information required by
10 law.

11 c. Generates semi-annual statutory reports that accurately summarize all
12 records of grievances it received in the six-month period covered by the
13 report.

14 4. Insurer Record-Keeping (Utilization Review Denials). Within 90 days of the filed
15 date of this Order, United HCSO shall submit to the Arizona Department of
16 Insurance for the Director's approval a Corrective Action Plan (CAP 4) that provides
17 specific steps United HCSO will take by certain dates to assure that by a specified
18 implementation date, United HCSO shall maintain copies of its utilization review
19 denials and be able to make copies available to the Department during regular
20 business hours.

21 5. Insurer Record-Keeping (Original Data). Within 90 days of the filed date of this
22 Order, United HCSO shall submit to the Arizona Department of Insurance for the
23 Director's approval a Corrective Action Plan (CAP 5) that provides specific steps
24 United HCSO will take by certain dates to assure that by a specified implementation
25 date, United HCSO shall keep original data for electronic files or records, including

1 provider grievance files or records, easily accessible to the Department in readable
2 form and obtainable as readable reproduced copies.

3 6. Insurer Record-Keeping (HCSO Data). Within 90 days of the filed date of this
4 Order, United HCSO shall submit to the Arizona Department of Insurance for the
5 Director's approval a Corrective Action Plan (CAP 6) that provides specific steps
6 United HCSO will take by certain dates to assure that by a specified implementation
7 date, United HCSO shall keep its records compiled, indexed and readily available
8 for inspection by the Director, including:

- 9 a. The separation of records of self-insured or other enrollees whose coverage
10 is not subject to the Department's jurisdiction from the records of insured
11 enrollees whose coverage is subject to the Department's jurisdiction, and
- 12 b. The separation of the records of United HCSO enrollees from the records of
13 affiliated companies, including without limitation United Healthcare Insurance
14 Company.

15 7. Effective Health Care Plan (Management). Within 120 days of the filed date of this
16 Order, United HCSO shall submit to the Arizona Department of Insurance for the
17 Director's approval a Corrective Action Plan (CAP 7) that provides specific steps
18 United HCSO will take by certain dates to assure that United HCSO:

- 19 a. Obtains and acts upon regular reports for operations that relate to the
20 effectiveness of its healthcare plan as set forth in the preceding Findings of
21 Fact, including utilization review and health care appeals, provider timely pay
22 and provider grievances, access to records and insurer record-keeping.
23 United HCSO shall ensure that the reports contain information about these
24 areas that is Arizona specific.

- 1 b. Tracks, trends, and takes appropriate action on Arizona issues involving the
2 effectiveness of its healthcare plan as set forth in the preceding Findings of
3 Fact, including utilization review and health care appeals, provider timely pay
4 and provider grievances, access to records and insurer record-keeping.
- 5 c. Ensures that any operations that relate to the effectiveness of its healthcare
6 plan including utilization review and health care appeals, provider timely pay
7 and provider grievances, access to records and insurer record-keeping,
8 reflect Arizona requirements.
- 9 d. Carries out the requirements of subparagraphs 7(a) – (c) for all operations
10 that relate to the effectiveness of its healthcare plan including utilization
11 review and health care appeals, provider timely pay and provider grievances,
12 access to records and insurer record-keeping, whether United HCSO has
13 delegated them or not.
- 14 e. Is managed by a natural person or persons with the authority and
15 accountability within the United corporate structure to establish and
16 implement policies and procedures and to timely implement changes
17 necessary for United HCSO to comply with Arizona law.

18 8. Effective Health Care Plan (Provision of Services). Within 90 days of the filed date
19 of this Order, United HCSO shall submit to the Arizona Department of Insurance for
20 the Director's approval a Corrective Action Plan (CAP 8) that provides specific steps
21 United HCSO will take by certain dates to assure that by a specified implementation
22 date, United HCSO does not deny clean claims it receives from non-contracted
23 providers for covered services they provide to enrollees admitted to contracted
24 hospitals directly from the hospital's emergency department. CAP 8 shall specify
25

1 how United HCSO shall timely approve and pay clean claims submitted by non-
2 contracted specialty physicians for such services.

3 9. Progress in Development of CAPs. Until the Director approves each CAP, United
4 HCSO shall report to the Director each month on its progress in developing that
5 CAP. Each such monthly report shall include a current draft of that CAP.

6 10. Corrective Action Plan Requirements. Each CAP described above shall:

- 7 a. Contain enough detail to allow the Director to determine whether the CAP will
8 accomplish its purpose.
- 9 b. Include testing before final implementation of the CAP.
- 10 c. Include Quality Improvement review and follow-up.
- 11 d. Identify one individual responsible and accountable for implementation of the
12 CAP.
- 13 e. Provide for United HCSO to report to the Director each month regarding
14 implementation of the CAP, in a form that includes documentation and is
15 approved by the Director.
- 16 f. Provide that within 10 business days of receiving notice that the Director has
17 approved the CAP, United HCSO shall submit to the Director evidence that
18 United HCSO has communicated the CAP to the appropriate personnel and
19 begun implementation. Evidence of communication and implementation
20 includes, without limitation, memos, bulletins, e-mails, correspondence,
21 procedure manuals, print screens and training materials.

22 11. United HealthCare of Arizona, Inc. shall pay a civil penalty of \$243,250 to the
23 Director for deposit in the State General Fund for violations cited above as
24 Conclusions of Law. United HealthCare of Arizona, Inc. shall remit this penalty
25

1 payment to the Life & Health Division of the Department at the time it returns the
2 signed Order.

3
4 The Department will file the Report of the Compliance Examination of United
5 HealthCare of Arizona, Inc. upon the filing of this Order.

6
7 DATED at Phoenix, Arizona this 10th day of March, 2006.

8
9 

10 Christina Urias
11 Director of Insurance


12 **CONSENT TO ORDER**

- 13 1. United HCSO has reviewed the foregoing Order and carefully considered it in
14 conjunction with its other business and regulatory requirements. United HCSO
15 believes that it is able and prepared to comply fully with the Order, notwithstanding
16 any of its other business and regulatory requirements.
- 17 2. United HCSO admits the jurisdiction of the Director of Insurance, State of Arizona,
18 admits the Findings of Fact and consents to the entry of the Conclusions of Law
19 solely for the purposes of resolving the allegations contained in the Report and
20 consents to entry of the Order.
- 21 3. United HCSO is aware of the right to a hearing, at which it may be represented by
22 counsel, present evidence and cross-examine witnesses. United HealthCare of
23 Arizona, Inc. irrevocably waives the right to such notice and hearing and to any
24 court appeals related to this Order.
- 25

- 1 4. United HCSO states that no promise of any kind or nature whatsoever was made
2 to it to induce it to enter into this Consent Order and that it has entered into this
3 Consent Order voluntarily.
- 4 5. United HCSO acknowledges that the acceptance of this Order by the Director of
5 the Arizona Department of Insurance is solely for the purpose of settling this
6 matter. This Order does not preclude any other agency or officer of this state or its
7 subdivisions or any other person from instituting proceedings, whether civil,
8 criminal, or administrative, as may be appropriate now or in the future and does not
9 preclude the Department from instituting proceedings as may be appropriate on
10 other matters now or in the future.
- 11 6. Benton Davis, who holds the office of CEO of United HealthCare of Arizona, Inc. is
12 authorized to enter into this Order for United HCSO and on its behalf.

13
14 **UNITED HEALTHCARE OF ARIZONA, INC.**

15
16 March 1, 2006
17 Date

15
16 
17 By _____
18 Benton Davis, CEO
19 United HealthCare of Arizona, Inc.

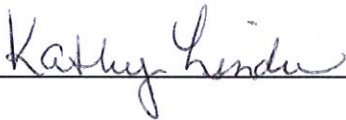
1 COPY of the foregoing mailed/delivered
2 this 10th day of Mar, 2006, to:

3 Gerrie Marks
4 Deputy Director
5 Mary Butterfield
6 Assistant Director
7 Consumer Affairs Division
8 Paul J. Hogan
9 Market Oversight Division Chief
10 Dean Ehler
11 Assistant Director
12 Property & Casualty Division
13 Steve Ferguson
14 Assistant Director
15 Financial Affairs Division
16 Alan Griffieth
17 Chief Financial Examiner
18 Alexandra Shafer
19 Assistant Director
20 Life and Health Division
21 Terry L. Cooper
22 Fraud Unit Chief

23 ARIZONA DEPARTMENT OF INSURANCE
24 2910 North 44th Street, Suite 210
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24 _____
25