

Congress of the United States

Washington, DC 20510

October 23, 2013

Mr. Jack Larsen
Chief Executive Officer
UnitedHealth Group
9700 Healthcare Lane
Minnetonka, MN 55343

Dear Mr. Larsen,

We are writing to express our concern regarding the recently announced changes to the United Healthcare Group (UHG) Medicare Advantage (MA) plan offered in Connecticut. UHG has long been an important part of Connecticut's health insurance market, and we value your dedication to providing health insurance to the people of Connecticut and across the country. However, we have heard from our constituents who are very concerned about the effects that terminating so many physicians from the UHG MA plan could have for Medicare beneficiaries in the state. While we appreciate UHG's willingness to discuss this issue with members of our staff, we have some outstanding questions regarding the decisions that UHG made about provider participation in the UHG MA network.

We would like to better understand the process of notification by UHG that was made to your Connecticut participants and physicians in compliance with CMS requirements for notice. We also need a better understanding of how network adequacy requirements will be met despite the sudden drop of what appears to be nearly one quarter of UHG's MA provider network. This significant reduction in physicians raises many concerns about whether people who have chosen to participate in the UHG program will have adequate time to make informed decisions about their Medicare coverage before the open Medicare enrollment period closes on December 7.

We understand that UHG has similarly streamlined provider networks in other states, including a reduction of approximately 1,000 providers in the network in New York. Because the UHG MA plans in Connecticut currently serve around 32,000 members who may potentially be affected by this decision, we appreciate your efforts to ensure that these beneficiaries will continue to have options for using their chosen providers within the MA plans or have appropriate notice to switch back to traditional Medicare before the end of the enrollment period.

As you are well-aware, the open enrollment period for MA plans began on October 15, 2013, and will end on December 7, 2013, so we request a response to the attached questions as soon as possible, but not later than October 31, 2013, so that we can serve our constituents and address any outstanding concerns that are brought to our attention in a reasonable amount of time.

Thank you in advance for your consideration of our request. If you have further questions about our request please contact Laurel Sakai in Senator Blumenthal's office at 202-224-2823.

Sincerely,



RICHARD BLUMENTHAL
United States Senate



CHRISTOPHER S. MURPHY
United States Senate



JOHN B. LARSON
Member of Congress



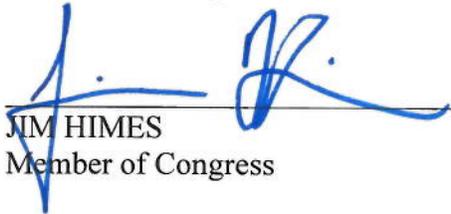
ROSA L. DELAURO
Member of Congress



ELIZABETH H. ESTY
Member of Congress



JOE COURTNEY
Member of Congress



JIM HIMES
Member of Congress

In order to help us better understand the changes made to the UHG MA network in Connecticut, we request timely responses to the following questions:

1. How many providers will be dropped from the UHG MA plan networks in Connecticut between October 1, 2013, and February 2, 2014, and what are the effective dates of such terminations of their agreements with UHG?
 - a. Please provide a breakdown of the number of providers whose MA agreements were terminated, including where in Connecticut their practices were located, by county and town. Also please include the specialty of the practitioners by their location.
2. Please provide us with a detailed summary of the number of providers you expect to be in your MA network as of February 1, 2014, sorted by county, town, and specialty.
3. Please provide the number of days of notice that beneficiaries will have of these changes to the provider network prior to end of open Medicare enrollment period.
4. Please describe the quality factors that were considered when deciding which doctors would no longer be a part of the network. While we understand that there is some proprietary information potentially involved in some of these decisions, we hope that you will see how this information is incredibly important for understanding how the people of Connecticut will be affected. We are willing to work with you to provide this information in a manner that is consistent with your confidentiality and proprietary concerns.
 - a. If determinations were made based on quantitative information from the Medicare Star quality program, please describe how such information was used.
 - b. If determinations were made based on use of specific codes or procedures, please describe which code or procedure usage was used and how.
5. We understand that certain exemptions will be made for beneficiaries, in terms of their care still being considered "in-network." One example given was those currently undergoing cancer treatments with providers who are slated to be dropped from the UHG MA plan network. Please list the exemptions and when those providers would officially be considered out-of-network for those beneficiaries.