

STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
Before the Director of Insurance and Financial Services

In the matter of:

██████████
Petitioner

v

File No. 151970-001

Aetna Life Insurance Company
Respondent

Issued and entered
this 23rd day of February 2016
by **Randall S. Gregg**
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On February 1, 2016, ██████████ (Petitioner) filed a request with the Director of Insurance and Financial Services for an external review under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.*

The Petitioner receives dental benefits through a group plan underwritten by Aetna Life Insurance Company (Aetna). The Director notified Aetna of the external review request and asked for the information used to make its final adverse determination. Aetna provided information on February 3, 2016. After a preliminary review of the material received, the Director accepted the request on February 8, 2016.

This case presents an issue of contractual interpretation. The Director reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

II. FACTUAL BACKGROUND

On October 26, 2015 and October 30, 2015, the Petitioner received dental services from ██████████. The amount charged was \$720.00. Aetna approved \$624.00. After applying a \$50.00 deductible and a 50 percent coinsurance charge, Aetna paid \$287.00. The Petitioner's financial obligation was \$337.00 (the sum of the deductible and coinsurance charge).

The Petitioner appealed Aetna's benefit determination through its internal grievance process. At the conclusion of that process, on January 6, 2016, Aetna issued a final adverse determination affirming its decision. The Petitioner now seeks the Director's review of that final adverse determination.

III. ISSUE

Did Aetna correctly process the claims for the Petitioner's October 26 and October 30, 2015 dental services?

IV. ANALYSIS

Petitioner's Argument

In a December 15, 2015 letter submitted with his external review request, the Petitioner wrote:

On October 14, 2015 and thereafter I...had requested a referral from my DMO dental provider as required to be seen for Dental treatment by [REDACTED]. On several occasions I had spoken with an Aetna Representative to indicate that I need to be seen by the end of the Month being October 31, 2015 due to Cancellation of my Dental Plan. The Aetna Representative requested that I get a referral from my DMO provider as required, and that my out of pocket cost would be \$45.00 per visit.

On October 21, 2015 and prior to this office visit, the office of [REDACTED] had made arrangements for this visit by confirming this DMO insurance eligibility with Aetna Insurance as Claimant being enrolled in the DMO Dental program. On October 21, as well as October 26, 2015 Authorization was sent to [REDACTED] via fax to verify this coverage....

Later, after I had been seen, scheduled and treated by [REDACTED] Aetna indicated that my Dental Plan had been posted to their ledgers on 10/20/15 in a PPO Plan, this was prior to Aetna confirming my enrollment in the DMO Plan to [REDACTED] Office on 10/21/15 as well as 10/26/15. The Aetna representative later informed the Office of James Austin that they had made a mistake in authorizing enrollment in the DMO Plan after treatment had been provided, rather that the PPO Dental Plan.

Based on these errors in reporting by the Aetna Insurance Representative, I appeal this decision to deny my coverage provided by the DMO Dental plan as authorized on 10/21/15 and 10/26/15.

Respondent's Argument

In its final adverse determination to the Petitioner, Aetna wrote:

We understand you requested the root planing and scaling procedures performed on October 26, 2015 and October 30, 2015, to be processed under the DMO (Dental Maintenance Organization) Plan.

* * *

Our records indicate your dental plan switched from the DMO dental plan to the PPO (Preferred Provider Organization) dental plan on October 1, 2015. Therefore, the claims were paid according to the PPO Schedule of Benefits.

Director's Review

The Petitioner argues that his October 26 and October 30, 2015 services should be processed under his DMO coverage because that coverage was effective through October 31, 2015 and because Aetna granted prior approval. Aetna asserts that the Petitioner's coverage changed on October 1, 2015 from DMO coverage to PPO coverage. The PPO coverage has higher cost-sharing requirements. (Individuals covered under this particular Aetna benefit plan have to option to move between DMO and PPO coverage during the enrollment period.)

The Petitioner has submitted no information that supports his claim that his DMO coverage was effective until October 31, 2015 with his PPO coverage beginning on November 1, 2015. According to Aetna, the Petitioner elected to move from the DMO to the PPO coverage, effective October 1, 2015. Aetna has submitted a copy of the Petitioner's Schedule of Benefits which shows his PPO coverage became effective on October 1, 2015.

The Petitioner also asserts that Aetna granted approval for coverage in a document titled "Coverage & Benefits Basic Eligibility Information." However, this document states in part:

Eligibility information is based on our records as of the date of this fax and applies only to services submitted on that date. Any information furnished, including Coverage, General Breakdown of Benefits and ADA Code information is not an approval or a guarantee of coverage, benefits or payment. A final claim determination will be made upon receipt and review of the actual claim for service(s) performed.

By its own terms the document "is not an approval or a guarantee of coverage, benefits or payment." It cannot be used to establish that Aetna approved the dental services in question.

Based on the material submitted for this review, the Director finds that Aetna's claim processing for the October 26 and October 30, 2015 dental services was consistent with the terms of the dental plan in effect when the services were provided.

V. ORDER

The Director upholds Aetna Life Insurance Company's January 6, 2016, final adverse determination.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this order may seek judicial review no later than 60 days from the date of this order in the circuit court for the Michigan county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of General Counsel, Post Office Box 30220, Lansing, MI 48909-7720.

Patrick M. McPharlin
Director

For the Director

A handwritten signature in black ink, appearing to read 'R. S. Gregg', is written over a horizontal line.

Randall S. Gregg
Special Deputy Director