

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

In the matter of:

████████████████████
Petitioners

v

File No. 148878-001

Blue Cross Blue Shield of Michigan
Respondent

Issued and entered
this 21st day of August 2015
by Joseph A. Garcia
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On July 20, 2015, ██████████ 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 Director accepted the request on July 27, 2015.

Petitioners ██████████ receive dental care benefits through a plan underwritten by Blue Cross Blue Shield of Michigan (BCBSM). The Director notified BCBSM of the external review request and asked for the information it used to make its final adverse determination. BCBSM's initial response was received on August 5, 2015. Additional information was received on August 7, 2015.

The issue in this external review can be decided by a contractual analysis. 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

The Petitioners' present BCBSM dental coverage became effective June 1, 2014. Later in the summer of 2014, the Petitioner and her husband received dental services at ██████████ ██████████ charged a total of \$637.00 for cleaning, x-rays, and fillings. BCBSM denied coverage.

The Petitioner appealed BCBSM's denial through its internal grievance process. At the conclusion of that process BCBSM issued a final adverse determination dated June 22, 2015, affirming its decision. The Petitioner now seeks a review of that adverse determination from the Director.

III. ISSUE

Did BCBSM correctly deny coverage for the dental care provided to the Petitioner and her husband?

IV. ANALYSIS

Petitioners' Argument

In the request for external review, [REDACTED] wrote:

My husband and I received dental services from [REDACTED] with our insurance being accepted by them in the past. We provided a referral form as I have done [with] other providers, but the claims were still denied. I am seeking reconsideration of the claims and subsequent approval.

BCBSM's Argument

In its final adverse determination, BCBSM stated that coverage was denied because "the policy chosen is an exclusive dental policy which states that you must visit a contracted network provider to receive benefits for services rendered."

Director's Review

The terms and conditions of the Petitioners' dental plan are contained in two BCBSM coverage documents: the *Blue Dental Individual Market Benefits Certificate* and the *Blue Dental EPO Personal* plan. The *Blue Dental Individual Market Benefits Certificate* is a lengthy document which BCBSM uses as a part of several of its dental plans. The *Blue Dental EPO Personal* is a four page document, also called "Benefits-at-a-Glance," which is used only for BCBSM's EPO coverage. ("EPO" is an acronym for "exclusive provider organization.") A principal feature of a BCBSM EPO dental plan is that insureds must use the services of dentists who are members of the Dental Network of America. This requirement is stated on page 3 of the *Blue Dental EPO Personal* coverage document.

[REDACTED] is not a member of the Dental Network of America.

The Petitioners argue that [REDACTED] had accepted their insurance in the past. (The Petitioners did not specify what dental insurance they had before their BCBSM coverage began on June 1, 2014.) It may be true that their previous coverage was accepted by [REDACTED]. However, under their BCBSM coverage which became effective on June 1, 2014, they are required to use only the services of a Dental Network of America dentist. Their BCBSM plan does not provide dental benefits for services provided by a non-network dentist.

The Petitioner's also argue that they obtained a referral to [REDACTED] from their medical doctor. Such a referral does not obviate the requirement to use the services of a network dentist.

The Director finds that BCBSM correctly processed the Petitioners' claims for their [REDACTED] dental care.

V. ORDER

The Director upholds BCBSM's June 22, 2015, final adverse determination. BCBSM is not required to provide coverage for the Petitioner's July 28, August 15, and September 9, 2014 dental care at [REDACTED].

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 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:



Joseph A. Garcia
Special Deputy Director