

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. 150344-001

Blue Cross Blue Shield of Michigan
Respondent

Issued and entered
this 2nd day of November 2015
by **Randall S. Gregg**
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On October 13, 2015, ██████████ (Petitioner) filed a request for external review with the Director of Insurance and Financial Services under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Director accepted the request on October 20, 2015.

The Petitioner receives dental care benefits under an individual plan underwritten by Blue Cross Blue Shield of Michigan (BCBSM). The Petitioner's dental care benefits are defined in BCBSM's *Blue Dental Individual Market Benefits Certificate and Rider BD-EHB3-IBU 2015*. The Director notified BCBSM of the external review request and asked for the information it used to make its final adverse determination. The Director received BCBSM's response on October 27, 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

On May 12, 2015 and June 2, 2015 the Petitioner received preventive and restorative dental services from ██████████, DDS. The amount charged was \$1,000.00. ██████████ is not a member of the Dental Network of America, BCBSM's preferred provider network. BCBSM denied coverage.

The Petitioner appealed the denial through BCBSM's internal grievance process. At the conclusion of that process, on October 2, 2015, BCBSM issued a final adverse determination 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 Petitioner's May 12, 2015 and June 2, 2015 dental services?

IV. ANALYSIS

Petitioner's Argument

On the request for an external review form, the Petitioner wrote:

Your agent told me before I received service that I was covered through my policy with the insurance I carry. I would not have made the appointment if she had not told me I would be covered.

BCBSM's Argument

In its final adverse determination, BCBSM wrote:

Your request for reconsideration of the previous benefits provided for this service has been denied. The Blue Dental EPO Standard policy that was chosen requires dental services to be rendered by a dentist who is a member of the Dental Network of America (DNoA) Preferred Network of PPO dentists....

We reviewed the call from May 2015. The waiting period for restorative services was discussed, but there was no mention or request for information related to provider eligibility. This determination was based on a review of the claims and the information provided.

Director's Review

Rider BD-EHB3-IBU amends the *Blue Dental Individual Market Benefits Certificate* to state:

Services performed by non-PPO (out-of-network) dentists are not covered.

Note: Only covered services that are performed by a PPO (in-network) dentist will be payable by BCBSM.

Because [REDACTED] is not part of the BCBSM dental PPO network of providers, these services are not covered under the language of the rider and BCBSM is not required to pay for this care.

In conducting reviews under the PRIRA, the Director is limited to resolving question of medical necessity and determining whether an insurer's final adverse determination is consistent with the terms of the relevant policy or certificate of coverage. See MCL 550.1911(13). In this case the Petitioner alleges that BCBSM provided misleading information about the participation status of the dentist who treated him. BCBSM denies the allegation. The Director has no way to resolve these inconsistent assertions. In any case, under the Patient's Right to Independent Review Act, the Director has no authority to amend the terms of an insurance policy to require BCBSM to provide coverage that is inconsistent with the Petitioner's actual benefits.

The Director finds that BCBSM's denial of coverage of the Petitioner's dental work provided by a non-network dentist is consistent with the terms and conditions of the certificate and rider.

V. ORDER

The Director upholds Blue Cross Blue Shield of Michigan's October 2, 2015 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 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:



Randall S. Gregg
Special Deputy Director