

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. 152772-001

Golden Rule Insurance Company

Respondent

Issued and entered
this 2nd day of June 2016
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On May 10, 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.* After a preliminary review of the material received, the Director accepted the request on May 17, 2016.

The Petitioner receives health care benefits through a policy underwritten by Golden Rule Insurance Company. The Director notified Golden Rule of the external review request and asked for the information used to make its final adverse determination. Golden Rule provided its response on May 26, 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 January 28, 2016, the Petitioner went to the emergency department of a Spectrum Health hospital with severe chest pains. He was admitted to the hospital on January 29 and was discharged on January 30. He had follow up care on February 11 and February 16, 2016.

Golden Rule received ten claims from five different providers for the Petitioner's medical care. In his request for external review, the Petitioner stated, "I am inquiring as to why none of the bills were covered by Golden Rule."

III. ISSUE

Did Golden Rule correctly process the claims for the Petitioner's January and February 2016 medical services?

IV. ANALYSIS

In responding to the Petitioner's complaint, Golden Rule submitted the following information detailing the Petitioner's claims:

A	B	C	D	E	F	G
Service Dates	Provider	Provider Charge	Approved Amount *	Deductible	Amount Paid	Claim Number
1/29 – 1/30/16	Spectrum Health Medical Group	\$314.00	\$287.94	\$287.94	0	16039-59768-00
1/29/16	Computer Health Services	46.00	31.00	31.00	0	16039-56186-00
1/29/16	Advanced Radiology Services	599.00	397.75	397.75	0	16041-56266-00
1/29/16	Spectrum Health Medical Group	1,926.00	958.63	958.63	0	16036-47248-00
1/28/16	Emergency Care Physicians	681.00	564.50	564.50	0	16048-45408-00
2/11/16	Spectrum Health Hospitals	49.12	39.79	39.79	0	16049-42889-00
1/28/16	Emergency Care Specialists	86.00	44.26	44.26	0	16048-45268-00
2/16/16	Spectrum Health Medical Group	235.00	194.12	23.08	136.04	16053-59577-00
2/16/16	Spectrum Health Hospitals	49.12	39.79	39.79	0	16054-43295-00
1/29 – 1/30/16	Spectrum Health Hospitals	44,158.84	35,768.66	113.26	30,655.40	16046-43041-00
TOTALS		\$48,144.08	\$38,326.44	\$2,500.00	\$30,791.44	

* Because the providers were Golden Rule participating providers, they accepted Golden Rule's approved amount as payment in full.

The Petitioner is incorrect in his assertion that Golden Rule paid nothing for the medical care he received. As the table above demonstrates, Golden Rule paid \$30,791.44 to the providers of the Petitioner's medical care: \$136.04 to Spectrum Health Medical Group and \$30,655.40 to Spectrum Health Hospitals.

Under his benefit plan as detailed in the Golden Rule policy, the Petitioner has several financial obligations to meet before Golden Rule begins to pay the providers of his medical care. These requirements are described below.

Deductible. The Petitioner has an annual deductible of \$2,500.00. The amount is paid by the policyholder before any benefits are paid by Golden Rule. See policy, Section 1, "Data Page" and definition of deductible on page 6 of the policy. The details of the Petitioner's deductible requirement are found in column E of the table on the previous page. The Petitioner met his deductible requirement when the final Spectrum Health Hospitals claim was processed by Golden Rule on March 8, 2016.

Coinsurance. Golden Rule pays 70 percent of covered expenses with the Petitioner paying the balance of the covered expense. Once the Petitioner has paid \$5,000.00 in coinsurance in a calendar year, Golden Rule pays the full approved amount with no additional coinsurance requirement for the Petitioner. See policy, Section 1, "Data Page" and definition of coinsurance on page 5 of the policy.

Office visit copayment. The Petitioner has a \$35.00 copayment requirement for doctor office visits. See policy "Copayment Amount Rider." An office visit copayment was charged in connection with the Petitioner's February 16, 2016 treatment by the Spectrum Health Medical Group.

In total, the Petitioner's out-of-pocket expenses for the medical care in question was \$7,535.00 (the sum of the Petitioner's deductible, coinsurance, and copayment obligations). These expenses are consistent with the requirements of the Petitioner's policy as detailed above. The amount paid by Golden Rule for the Petitioner's medical care was \$30,791.44, which is the balance of the approved amount for the Petitioner's medical care.

V. ORDER

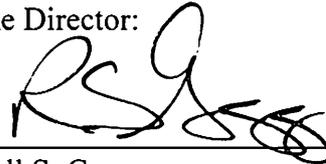
The Director upholds Golden Rule's claims processing for the period January 28, 2016 through February 16, 2016.

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 'RS Gregg', written over a horizontal line.

Randall S. Gregg
Special Deputy Director