

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

In the matter of:

██████████
Petitioner

v

Humana Medical Plan of Michigan, Inc.
Respondent

File No. 150542-001

Issued and entered
this 24th day of November 2015
by **Randall S. Gregg**
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On October 26, 2015, ██████████ (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 health care benefits through an individual policy underwritten by Humana Medical Plan of Michigan, Inc., (Humana) a health maintenance organization. The Director notified Humana of the external review request and asked for the information used to make its final adverse determination. Humana furnished its response on October 27, 2015. The Director accepted the request for external review on November 3, 2015.

The issue here 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 July 31, 2015, the Petitioner had a medical procedure performed under anesthesia. The procedure was performed at a facility that is in Humana's provider network. Two claims were submitted for the anesthesia services: a \$1,016.00 charge from ██████████ and a \$480.00 charge from ██████████, a certified registered nurse anesthetist (CRNA). Neither ██████████ nor ██████████ are in Humana's provider network.

Humana paid 100 percent of its allowed amount, \$508.00, leaving the Petitioner responsible for \$508.00 for that claim. Humana did not pay any benefit toward the nurse anesthetist's charge.

The Petitioner appealed Humana's payment determinations through its internal grievance process. Humana maintained its original determination and issued a final adverse determination October 14, 2015. The Petitioner now seeks a review by the Director of Humana's claims processing.

III. ISSUE

Did Humana correctly process the claims for the Petitioner's July 31, 2015 anesthesia services?

IV. ANALYSIS

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

Why we were unable to approve your appeal

When an anesthesiologist supervises a Certified Registered Nurse Anesthetist (CRNA), Humana receives two claims for the anesthesia services. Humana allows 50 percent of the anesthesiologist's contracted rate or usual and customary for each provider, thereby not allocating more than 100 percent of the total allowed expense. Your benefit plan document states that services performed by an anesthesiologist will be paid at your in-network level of benefits, as long as the facility where the services are performed is in-network. Your in-network benefit for this service is 100 percent for preventive services. The entire allowed amount was paid on the claim submitted by [REDACTED]. As a result, we were unable to approve [the] reprocessing of the claims in question because they [were] processed correctly according to the policy....

The policy states preventive services are payable at 100 percent of the allowed amount up to the maximum allowable fee (MAF). You can find this benefit information on page 13, under the Schedule of Benefits section within the policy.

Humana will pay benefits for covered expenses as stated in the "Schedule of Benefits" and this policy section, and according to the "General Exclusions" and "Prescription Drug Exclusions" sections and any amendments or riders that may modify your benefits which are part of your policy....

In her request for external review the Petitioner wrote: "No one informed me of the Humana rule of allowing 50% of the anesthesiologist's contracted rate."

In processing the anesthesia claims, Humana paid its full approved amount (\$508.00) and did not charge the Petitioner a deductible or copayment. This claims processing is consistent with the terms of the Petitioner's policy as found on page 13 of the Schedule of Benefits. The Petitioner argues that she was not told about the benefit for anesthesia services. However, that provision does appear in the policy and was available for the Petitioner to review.

The Director finds that Humana correctly processed the Petitioner's anesthesia claims.

V. ORDER

The Director upholds Humana Medical Plan of Michigan's final adverse determination of October 14, 2015.

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