

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. 146527-001

Golden Rule Insurance Company
Respondent

Issued and entered
this 23rd day of March 2015
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On February 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 a plan underwritten by Golden Rule Insurance Company. The Director notified Golden Rule of the request and asked Golden Rule to submit their records related to the Petitioner's case. Golden Rule provided its response on March 2, 2015. After a preliminary review of the material received, the Director accepted the request on March 5, 2015.

The issue in this case 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

Between April 2, 2008 and May 13, 2008 the Petitioner had six sessions of psychotherapy with ██████████. The Petitioner paid \$150.00 after each session and subsequently submitted to Golden Rule a request for reimbursement. The Petitioner asserts that the request for reimbursement was submitted to Golden Rule within the time limit mandated by his certificate of coverage. Golden Rule states that the reimbursement request was not filed within the required time and, for that reason, reimbursement was denied.

The Petitioner appealed Golden Rule's decision through its internal grievance process. At the conclusion of that process, Golden Rule affirmed its decision in a final adverse determination issued January 30, 2015. The Petitioner now seeks a review of that adverse determination from the Director.

III. ISSUE

Did Golden Rule properly deny reimbursement for the Petitioner's 2008 psychotherapy?

IV. ANALYSIS

Respondent's Argument

Golden Rule denies receiving any requests for reimbursement until May 21, 2010. Golden Rule states that the material was also received on July 25, 2014. Golden Rule notes that neither submission was within the one-year-and-90-day filing limit. In its final adverse determination, Golden Rule wrote:

A review of this request was completed on January 29, 2015....It is the decision of the reviewing panel to uphold the denial of benefits for the charges in question. The expenses were not received by us within the one-year and 90 day proof of loss time frame.

Based on a review of your medical claims history, the first time we received [REDACTED] expenses from April 2, 2008, through May 13, 2008, was in May 2010. If you are able to provide documentation to support that [REDACTED] expenses were submitted to us within one-year and 90 days from the date the charges were incurred than we can review the expenses for benefits.

Petitioner's Argument

The Petitioner maintains that billing statements were submitted to Golden Rule numerous times within the filing limitation. In a letter dated February 18, 2015, the Petitioner wrote:

There is absolutely 100% no reason whatsoever that [REDACTED] would not want to bill Golden Rule for my office visits. Their office model is to treat patients and seek reimbursement for services rendered. There is absolutely no reason that I would not want to be reimbursed for any out of pocket expenses that I [incur] by going to the doctor. Why would I pay for health insurance in the first place, if I did not want my health insurance company to pay my medical expenses.

The only one in this equation that [sic] benefits by saying "you did not receive the bills from either [REDACTED] or myself...is Golden Rule."

I am still surprised in this day and age one would believe "they were lost in the mail".

Director's Review

The Petitioner's certificate of insurance includes this provision on page 43:

PROOF OF LOSS: You or your covered dependent must give us written proof of loss within 90 days of the loss or as soon as is reasonably possible. Proof furnished more than one year late will not be accepted, unless you or your covered dependent had no legal capacity in that year.

Golden Rule denied reimbursement because it had concluded that proof of loss was not furnished within the required time period. Based on the dates of service, the first filing deadline would have been reached on July 2, 2009 with the latest claim deadline on August 13, 2009. [REDACTED] billing was apparently prepared on March 17, 2009. However, no additional documentary evidence of the claims exists until Golden Rule's acknowledgement of receipt on May 21, 2010, a date which would establish that the Petitioner's filing was untimely. The Petitioner asserts that claims were submitted on several occasions in a timely manner. However, no documentation was provided to support this claim.

In the absence of additional evidence of the submission of the claims within the required time period, the Director does not have a sufficient basis upon which to conclude that Golden Rule's final adverse determination was incorrect.

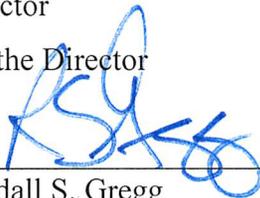
V. ORDER

The Director upholds Golden Rule Insurance Company's final adverse determination of January 30, 2015. Golden Rule is not required to provide reimbursement for the Petitioner's 2008 psychotherapy.

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, P.O. Box 30220, Lansing, MI 48909-7720.

Annette E. Flood
Director

For the Director



Randall S. Gregg
Special Deputy Director