

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. 148638-001

Health Alliance Plan of Michigan

Respondent

Issued and entered
this 22nd day of July 2015
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On July 1, 2015 ██████████ on behalf of his minor son ██████████ (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 Health Alliance Plan of Michigan (HAP), a health maintenance organization. The benefits are defined in HAP's *HMO Subscriber Contract*.

The Director notified HAP of the external review request and asked for the information used to make its final adverse determination. The Director received HAP's response on July 6, 2015. After a preliminary review of the information submitted, the Director accepted the request on July 9, 2015.

The issue in this external review can be decided by a contractual analysis. The Director reviews contractual issues under MCL 500.1911(7). This matter does not require a medical opinion from an independent review organization.

II. FACTUAL BACKGROUND

The Petitioner is █ years old. His father requested that HAP provide coverage for the Petitioner to be tested for attention deficit hyperactivity disorder (ADHD) at the ██████████ Hospital Center for Human Development. The Center for Human Development is not a member

of HAP's network of providers. HAP denied the request for coverage.

The Petitioner's father appealed the denial through HAP's internal grievance process. At the conclusion of that process HAP maintained its denial and issued a final adverse determination dated May 22, 2015. The Petitioner now seeks a review of that adverse determination from the Director.

III. ISSUE

Did HAP properly deny coverage for the Petitioner's ADHD testing at [REDACTED] Hospital's Center for Human Development?

IV. ANALYSIS

In its May 22, 2015, final adverse determination, HAP stated that coverage was denied because [REDACTED] is a non-participating facility and the requested services can be provided within HAP's provider network. HAP suggested the testing could be performed, for example, at the [REDACTED] Center for Autism and Developmental Disability.

In a letter dated June 17, 2015, the Petitioner's father explained why he is seeking coverage for testing at the [REDACTED] Hospital facility:

I am asking for behavioral health treatment services with the [REDACTED] Center for Human Development be approved and covered by my insurance. My son needs ADHD testing done at [REDACTED] Center for Human Development in [REDACTED]....Many of the other places that my insurance covers have a longer wait list. I would like to get him seen as soon as possible and start treatment if needed before kindergarten starts for him in September. Also the other places are further away from my home and would be a hardship for me and my current family to have to travel for treatment.

I contacted [REDACTED] Division of Neuropsychology and was told they could not see [Petitioner] until September for testing and they do not offer any evening or Saturday appointments which would mean that [Petitioner's] mother and I would have to miss work to get him treatment....

* * *

Childhood problems don't go away by themselves, I would like to get my son help so he can be correctly diagnosed and get proper treatment as soon as possible.

In his letter, the Petitioner's father also explained why he felt the [REDACTED] facility offered treatment that was superior to the HAP providers.

The HAP Subscriber Contract (page 24) excludes coverage for “services provided by a non-Affiliated Provider, except for an Emergency or Urgent Care or when specifically approved in advance by HAP or its designee.”

These coverage requirements are typical of health maintenance organizations such as HAP. A fundamental feature of an HMO is the delivery of health care within a network of providers. The Subscriber Contract establishes that members must receive medical care from network providers unless care from a non-affiliated provider is approved in advance. Since ADHD testing is available within the HAP network, HAP’s denial of the requested coverage is consistent with the terms of the HAP Subscriber Contract.

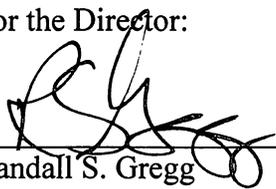
V. ORDER

The Director upholds HAP’s May 22, 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