



McLaren approved \$2,252.76 for the services at the in-network benefit level and applied \$2,100.00 to satisfy the Petitioner's network deductible, and \$56.94 in copayments/coinsurance. McLaren then paid \$95.82 to the providers. This left Petitioner responsible for \$2,156.94 (the deductible of \$2,100.00 and the copayments/coinsurance of \$56.94).

The Petitioner appealed McLaren's payment amount through its internal grievance process. At the conclusion of that process, on April 27, 2016, McLaren issued a final adverse determination affirming its payment amount. The Petitioner now seeks the Director's review of that adverse determination.

### III. ISSUE

Did McLaren properly process the Petitioner's January 6, 2016, emergency department services?

### IV. ANALYSIS

#### Respondent's Argument

In its final adverse determination to the Petitioner, McLaren explained its benefit determinations:

After reviewing the documentation provided, McLaren Health Plan is unable to approve this request. Review of the claims indicates that the claims were processed appropriately under your In-Network benefit level. While these providers [are] in-network providers, these providers are not Rewards network providers. As discussed in the McLaren Health Plan Certificate of Coverage... Rewards Providers are a subset of [McLaren Health Plan] Participating Providers. When you receive services from Rewards Providers, your standard Copayments, Coinsurance, and Deductible may be reduced or eliminated.

#### Petitioner's Argument

In the request for an external review, the Petitioner stated that he was dealing with a life-threatening event. He says that Sparrow [REDACTED] Hospital was the closest hospital. He believes that he should not have to pay the whole bill.

#### Director's Review

The Petitioner's coverage for hospital emergency treatment is summarized by McLaren Health Plan as follows:

Rewards Network = Covered at 100%

In-Network = Covered at 60% after deductible  
In-Network Deductible = \$2,100/\$4,200  
In-Network out-of-pocket maximum = \$6,850/\$13,700  
Out of network = Covered at 60% after deductible plus balance billing

Because Sparrow-████████ Hospital and Lansing Radiology Associates are not Rewards Network providers, their claims were processed as In-Network benefits as provided on page 4 of the McLaren Health Plan certificate of coverage:

**“Rewards Providers”** are a subset of MHP Participating Providers. When you receive services from Rewards Providers, your standard Copayments, Coinsurance and Deductible may be reduced or eliminated. Please review the Schedule of Copayments and Deductibles for information specific to each Covered Service. “Rewards Providers” are identified in the MHP Provider Directory.

Deductibles, copayments, and coinsurance are not waived for emergency treatment. The Director finds that McLaren correctly processed the claims for the Petitioner’s January 6, 2016 emergency treatment.

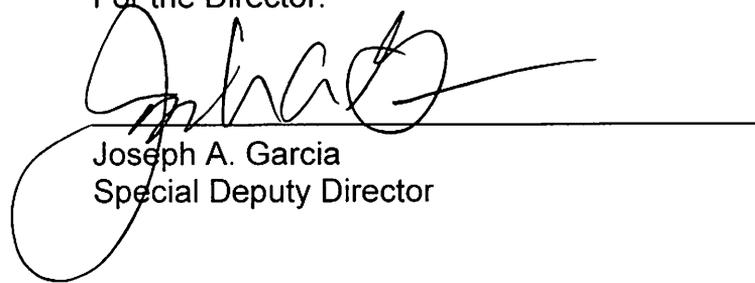
**V. ORDER**

The Director upholds McLaren’s final adverse determination of April 27, 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 sixty 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 Director of Insurance and Financial Services, Health Care Appeals Section, Post Office Box 30220, Lansing, MI 48909-7720.

Patrick M. McPharlin  
Director

For the Director:



Joseph A. Garcia  
Special Deputy Director