

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. 153474-001

UnitedHealthcare Community Plan, Inc.,

Respondent.

Issued and entered
this 13th day of May 2016
by Joseph A. Garcia
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

██████████ (Petitioner) had certain health care services in 2015. Her health plan, UnitedHealthcare Community Plan, Inc. (UHC), denied coverage for those services.

On April 29, 2016, ██████████, the Petitioner's authorized representative, filed a request with the Director of Insurance and Financial Services for an external review of that denial under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.*

The Petitioner has individual health care coverage as a member of UHC, a health maintenance organization. The Director immediately notified UHC of the external review request and asked for the information it used to make its final adverse determination. UHC provided information on May 2, 2016, and the Director accepted the request for review on May 6, 2016.

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's health care benefits are defined in UHC's *Silver Compass HSA 75 Individual Medical Policy*, which includes riders, amendments, and notices (the policy).

Between February 19 and May 28, 2015, the Petitioner had office visits, diagnostic services, and surgery from Warren Brandes, DO. UHC denied coverage for those services because there was no referral on file.

The Petitioner appealed the denial through UHC's internal grievance process. At the conclusion of that process, UHC issued final adverse determination dated March 14, 2016, affirming the denial. The Petitioner now seeks a review of that final adverse determination from the Director.

III. ISSUE

Did UHC correctly deny coverage for the services the Petitioner received from Dr. Brandes?

IV. ANALYSIS

Petitioners' Argument

The Petitioner explained her problem on the external review request form:

When I first got United HealthCare I didn't know about online referral process. My primary doctor . . . referred me to ENT [Dr. ██████████]. I took handwritten referral. The ENT accept my referral. Couple of months later I got bills. When I call United HealthCare customer service they said they won't pay bill because I didn't submit the online referral. They also said if I give them backup referral they might pay the bill. That time I also change my old primary doctor he said he won't give me a backup referral. Now I don't even have the capacity to pay the bill. You guys are the only hope.

UHC Argument

In its final adverse determination, UHC explained the reason for its denial to the Petitioner:

The physician service(s) being appealed processed previously as payment for services is denied. Benefits are only available when you receive a valid referral from your primary care physician (PCP) before receiving the service. The reason was a referral from your primary care physician was required to be submitted to UnitedHealthcare and not on file therefore no benefits were payable.

Director's Review

The policy's "Schedule of Benefits" (p. 2) has this provision:

Covered Health Services must be provided by or referred by your Primary Physician. If care from another Network Physician is needed, your Primary Physician will provide you with a referral. The referral must be received before the services are rendered. If you see a Network Physician without a referral from your Primary Physician, Benefits will not be paid. You do not need a referral to see an obstetrician / gynecologist or to receive services through the Mental Health / Substance-Related and Addictive Disorders Designee.

UHC says there was no referral to Dr. [REDACTED] on file. The Petitioner says she had a referral from her primary care physician and that it was "accepted" by Dr. [REDACTED] office. However, the Petitioner could furnish no evidence of that referral from either her primary care physician at the time or from Dr. [REDACTED] office.

The policy requires a referral from a primary physician before covered services are rendered by another provider. There is nothing in this record on which the Director could base a finding that a referral had been made. Accordingly, the Director concludes that UHC's denial of coverage for Dr. [REDACTED] medical services between February 19 and May 28, 2015, is consistent with the terms of the policy.

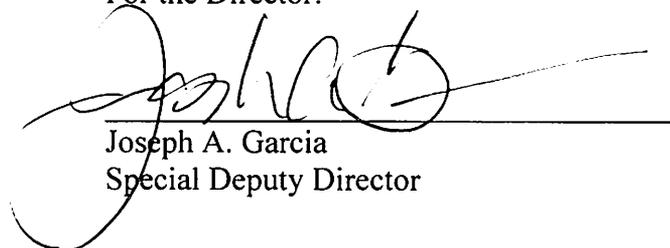
V. ORDER

The Director upholds UHC's March 14, 2016 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 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:



Joseph A. Garcia
Special Deputy Director