

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. 149819-001

United Healthcare Community Plan, Inc.
Respondent

Issued and entered
this 5th day of October 2015
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On September 14, 2015, ██████████ on behalf of her minor daughter ██████████ (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 has individual health care coverage as a member of United Healthcare Community Plan, Inc. (United), a health maintenance organization. The benefits are defined in United's *Platinum Compass 250 Individual Medical Policy*. The policy includes a schedule of benefits and a rider describing coverage for pediatric vision care services.

The Director notified United of the external review request and asked for the information used to make its final adverse determination. United provided its response on September 16, 2015. The Director accepted the case for review on September 21, 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

On April 28, 2015, the Petitioner was treated by ██████████ an eye specialist. ██████████ charged \$268.00. On April 30, 2015, the Petitioner saw ██████████ an

allergist, who charged \$212.00. Neither doctor is in United's provider network. United denied coverage for both the doctor visits.

The Petitioner appealed the coverage denials through United's internal grievance process. At the conclusion of that process, on July 24, 2015, United issued final adverse determinations affirming its coverage denials. The Petitioner now seeks a review of those final adverse determinations from the Director.

III. ISSUE

Did United correctly deny coverage for the Petitioner's April 28 and April 30, 2015 office visits?

IV. ANALYSIS

Respondent's Argument

In its final adverse determination concerning its denial of coverage for [REDACTED] services, United offered two reasons for its decision:

Benefits are only available when you receive a valid referral from your primary care physician (PCP) before receiving this service.

Routine eye exams are not covered by your plan.

In its final adverse determination concerning its denial of coverage for [REDACTED] services, United wrote:

Benefits are only available when you receive a valid referral from your primary care physician (PCP) before receiving this service.

Petitioner's Argument

The Petitioner's mother states that she contacted the office of [REDACTED] Petitioner's primary care physician and gave them the physician names, dates and times of the appointments for her daughter's eye problems, but [REDACTED] failed to submit the referral requests to United as required. She further states the [REDACTED] was well aware that a referral was required. She states that they attempted to retroactively obtain the referral for the Petitioner to see the specialists, but the request was denied. The Petitioner believes that United should pay for this care since it was the intention of her primary physician to refer her to these physicians prior to the services being rendered.

Director's Review

The *Platinum Compass 250* policy, on page 4, details the requirement for individuals to obtain prior authorization for medical care:

Some Covered Health Services require prior authorization. In general, Physicians and other health care professionals who participate in a Network are responsible for obtaining prior authorization. There are some Benefits, however, for which you are responsible for obtaining authorization before you receive the services. For detailed information on the Covered Health Services that require prior authorization, please refer to the *Schedule of Benefits*.

While the Petitioner's mother states she requested referrals, there is no indication that referrals were actually prepared and submitted to United. In fact, the Petitioner's mother acknowledges that referral requests were not submitted to United prior to the care being provided.

In the absence of a referral filed with United and United's approval, no coverage exists.

The Schedule of Benefits for the *Platinum Compass 250* policy, on page 1, also provides:

Accessing Benefits

Compass offers a limited Network of providers. To obtain Network Benefits, you must receive Covered Health Services from a CompassNetwork provider within the Network Area...

You must see a Network Physician in order to obtain Benefits. Except as specifically described in this Schedule of Benefits, Benefits are not available for services provided by non-Network providers. This Benefit plan does not provide a Non-Network level of Benefits.

Benefits apply to Covered Health Services that are provided by a Network Physician or other Network provider within the Network Area.

The Petitioner received medical services from two non-network providers. Services from non-network providers are not covered. So, in addition to the fact that there was no prior authorization for the services in question, those services, received from non-network providers, would not be covered benefits.

Accordingly, the Director finds that United's denial of coverage for the physician services the Petitioner received on April 28 and April 30, 2015, is consistent with the terms of the *Platinum Compass 250* policy.

V. ORDER

The Director upholds United's July 24, 2015 final adverse determinations. United is not required to provide coverage for the April 28 and April 30, 2015 physician visits.

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:

A handwritten signature in black ink, appearing to read 'R. S. Gregg', is written over a horizontal line.

Randall S. Gregg
Special Deputy Director