

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. 154636-001

United Healthcare Community Plan, Inc.
Respondent

Issued and entered
this 10th day of August 2016
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On July 19, 2016, ██████████ (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 Medicaid as a member of United Healthcare Community Plan, Inc. (UHCP), a health maintenance organization. The Michigan Medicaid Health Care Program provides medical and health-related assistance to low-income individuals and families who lack adequate medical insurance. The program is supervised by the Michigan Department of Health and Human Services. UHCP administers the benefits. The benefits pertinent to this review are defined in UHCP's *Medicaid 2014 Certificate of Coverage*.

The Director notified UHCP of the external review request and asked for the information used to make its final adverse determination. The Director received UHCP's response on July 27, 2016 and accepted the request for review on that date.

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

II. FACTUAL BACKGROUND

The Petitioner has Type I diabetes. Her physician prescribed a continuous glucose monitoring system and related supplies. A preauthorization request form was submitted by the physician to UHCP which denied coverage.

The Petitioner appealed the denial through UHCP's internal grievance process. UHCP affirmed its denial in a final adverse determination issued May 13, 2016. The Petitioner now seeks the Director's review of UHCP's final adverse determination.

III. ISSUE

Did UHCP correctly deny coverage for the continuous glucose monitoring system?

IV. ANALYSIS

Respondent's Argument

In its final adverse determination, UHCP wrote:

You asked for a continuous glucose monitor system. We checked the Michigan Medicaid guidelines for coverage of the continuous glucose monitor system. The Michigan Medicaid program does not cover this medical equipment. Your request cannot be approved at this time. It does not meet our United Healthcare Health Plan rules.

United Healthcare Community Plan used Michigan Medicaid Coverage Guidelines, Member Handbook Page 23, Certificate of Coverage Article II, Sections 2.7 and 2.25 and Article IX N (page 30) to make this decision.

Petitioner's Argument

In a letter dated March 18, 2016, the Petitioner wrote:

I am writing to complain about the lack of coverage for a Continuous Glucose Monitoring (CGM) System. Since being with United Healthcare Community Plan for my healthcare insurance, I have been unsuccessful in obtaining coverage for a Dexcom G4 CGM and its supplies. Because I was unable to afford the out of pocket cost, I went back to relying only on finger stick testing beginning in October 2015. My quality of life and overall health have suffered as a result of this due to more frequent high and low blood glucose levels that go undetected for longer periods without a CGM.

Prolonged high blood sugars are harmful because they put me at risk for diabetes complications later in life, such as cardiovascular disease, neuropathy, and kidney failure. However, they also affect how I function on a daily basis, as having high blood sugars also cause headaches, dehydration, fatigue, and difficulty concentrating. Since October 2015 I have experienced high glucose levels for longer periods of time because I only check my blood sugar every few hours. Additionally, there has been more than a few instances of a blood glucose level over 600 mg/dL in recent months due to a poor insulin infusion site that could have been prevented and corrected sooner by using CGM.

Low blood glucose levels are even more alarming because it can very quickly lead to unconsciousness or even death if left untreated. Because I suffer from hypoglycemia unawareness, this is more dangerous because I don't often experience the signs of low blood sugar (shakiness, fatigue, rapid heartbeat, etc.). I also have a history of not waking up to nocturnal hypoglycemia. If I do wake up it is in a very delusional and uncoordinated state (hypoglycemia left untreated for several hours), at the point which it is considered a medical emergency. In the past, the low blood sugar alerts on a Dexcom CGM has given both me and my family peace of mind at night, knowing that it will alert me if my blood sugar is low in the night so I can treat it, and knowing I will wake up in the morning conscious and alive. Those who live with me now are aware of my history and are quick to check on me early in the morning, but being without a CGM is particularly concerning to me now because in a few months I am returning to college and a living environment where I will be sleeping alone.

Keeping my health in line is very important to me, which is why I work hard to manage my diabetes through proper diet, exercise, testing blood sugar 6 or more times daily, and carefully calculating proper insulin doses. With a Dexcom CGM, I am able to calculate my insulin doses more accurately because of the 24/7 readings and ability to see trends on a daily and weekly basis. Additionally, when I have CGM data for download when I visit my endocrinologist, she is able to give me more accurate adjustments to my treatment plan.

Director's Review

UHCP provides coverage for diabetic supplies for its Medicaid members but limits that coverage to supplies that are listed on the Medicaid Fee Schedule for durable medical supplies. The medical billing codes for the diabetic supplies requested by the Petitioner and her physician are not listed on the Medicaid Fee Schedule. The certificate, on page 24, **Article IX: Covered Services, U. Diabetic Treatment Services**, provides:

In accordance with MCL 500.3406p the following equipment, supplies, and educational training for the treatment of diabetes, if determined to be Medically Necessary and prescribed by a Participating Provider is a Covered Service:

1. Blood glucose monitors and blood glucose monitors for the legally blind.
2. Test strips for glucose monitors, visual reading and urine testing strips, lancets, and spring-powered lancet devices.
3. Syringes
4. Insulin pumps and medical supplies required for the use of an insulin pump.

5. Diabetes self-management training to ensure that persons with diabetes are trained as to the proper self-management and treatment of their diabetic supplies

Health maintenance organizations are required to adhere to section 3406p of the Michigan Insurance Code, MCL 500.3406p, and provide coverage for diabetic equipment and supplies that are listed in the statute. However, continuous glucose monitoring systems are not listed in MCL 500.3406p as a coverage requirement.

Additionally, section 3571 of the Insurance Code, MCL 500.3571, states:

A health maintenance organization that participates in a state or federal health program...is not required to offer benefits or services that exceed the requirements of the state or federal health program.

The continuous glucose monitoring system is not on the list of diabetic supplies that must be covered by health maintenance organizations that administer the Medicaid program. Therefore, the Director has no basis to order UHCP to exceed the requirements of the program and cover the continuous glucose monitoring system.

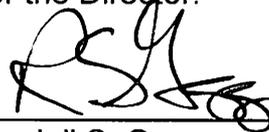
V. ORDER

The Director upholds UHCP's 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:



Randall S. Gregg
Special Deputy Director