

STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
Before the Director of Insurance and Financial Services

In the matter of:

██████████

File No. 147166-001

Petitioner,

v

UnitedHealthcare Community Plan, Inc.,

Respondent.

Issued and entered
this 30th day of April 2015
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On April 3, 2015, ██████████ (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 UnitedHealthcare Community Plan, Inc. (UHCCP), a health maintenance organization.

The Director immediately notified UHCCP of the external review request and asked for the information it used to make its final adverse determination. UHCCP provided its initial response¹ on April 6, 2015, and the Director accepted the case for review on April 10, 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's health care benefits are defined in UHCCP's *Silver Compass HSA 1900 Individual Medical Policy* including riders, amendments, and notices (the policy). The Petitioner purchased the policy through the health insurance marketplace and it was effective January 1, 2015.

¹ UHCCP furnished additional information on April 14 and April 23, 2015.

On February 10, 2015, the Petitioner had an office visit with her primary care physician (PCP) where she received preventive care. UHCCP denied coverage for that care, saying that the physician, [REDACTED], was not in the network for the Petitioner's health plan.

The Petitioner appealed the denial through UHCCP's internal grievance process.² At the conclusion of that process, UHCCP maintained its denial and issued a final adverse determination on March 30, 2015. The Petitioner now seeks a review of that final adverse determination from the Director.

III. ISSUE

Did UHCCP correctly deny coverage for the Petitioner's office visit on February 10, 2015?

IV. ANALYSIS

In its final adverse determination, UHCCP told the Petitioner that it denied coverage for the office visit because [REDACTED] was not an in-network provider:

Based on our review, according to your Benefit Plan, under the Section Schedule of Benefits, Subsection Accessing Benefits, this request for payment was processed correctly.

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.

* * *

Because the claim(s) for this service(s) was processed according to the above plan provision(s), our original determination remains unchanged, and the determination is upheld. . . .

The Petitioner understood that she needed to be seen by an in-network physician in order to have coverage and believes she followed the plans requirements. Before she enrolled, she went to UHCCP's website and searched specifically for [REDACTED] because she wanted to continue seeing her. The web search identified [REDACTED] as "in-network." Based on that information, the Petitioner enrolled for coverage. However, when the Petitioner was treated by [REDACTED] in February 2015, UHCCP rejected the claims. In a letter dated March 10, 2015, the Petitioner explained her issue to UHCCP:

In January I signed up for [UHCCP] through the Marketplace. Part of my research in choosing a provider was determining whether my primary care physi-

² The Petitioner also had radiology services on February 17, 2015, that were denied for the same reason. However, that claim was not addressed in UHCCP's internal grievance process and it will not be part of this external review.

cian was in-network. This was verified through your website and she was confirmed as my PCP.

In February I visited my PCP [REDACTED] for a wellness visit. At this time I learned that her office had moved to another location this past November. This had no real bearing on my appointment.

After my appointment, I was notified on myuhc.com that my claim was denied because [REDACTED] not in-network. Upon calling member services, I was told that after [REDACTED] moved locations, she no longer was in-network. I was told that I am now responsible for full payment of services rendered, \$200.00.

Had I known in January that [REDACTED] was not in-network through United Healthcare, I would have chosen a different provider. I feel as if I was misled by the misinformation on your website. Her name should have been removed or been shown as out of network and her correct address. I believe that [UHCCP] is responsible for the services rendered.

The Director agrees with the Petitioner and rejects UHCCP's basis for denying her claims. The policy, under the heading "Your Responsibilities" (p. 4), gives this instruction to the Petitioner:

Choose Your Physician

It is your responsibility to select the health care professionals who will deliver care to you. We arrange for Physicians and other health care professionals and facilities to participate in a Network. . . .

Responding to this requirement, the Petitioner selected [REDACTED] as her PCP. That selection was updated by UHCCP's customer service department on February 1, 2015. There is nothing in the record to show that [REDACTED] was not in the network for the Petitioner's plan at the time the Petitioner selected her to be her PCP or that the Petitioner was so notified. Moreover, UHCCP did not reject the selection of [REDACTED] as the Petitioner's PCP, impliedly acknowledging that she was in-network for the Petitioner's plan.

However, in its final adverse determination, UHCCP sought to explain why [REDACTED] was not in the network for the Petitioner's plan:

The Appeals Committee reviewed your appeal. The Committee's determination is as follows:

Unanimous decision by panel to uphold the denial. The provider is not participating at the location which they received services. Therefore, services are not covered. [Underlining added]

The Petitioner saw [REDACTED] in February 2015 at an office on [REDACTED] in [REDACTED]. It is UHCCP's contention that [REDACTED] is only in-network when she sees the Petitioner at an office on [REDACTED]. However, the

Petitioner says [REDACTED] moved her office to the [REDACTED] address in November 2014 and UHCCP's grievance unit said that the [REDACTED] address "is [REDACTED] old office." It appears that UHCCP was not diligent in updating its provider records.

The Petitioner had no reason to believe that [REDACTED] would only be in-network if she saw her at the [REDACTED] address. UHCCP could have told the Petitioner at the time she selected [REDACTED] as her PCP that services would be limited to a single location. Looking at the whole record, the Director concludes that UHCCP simply erred when it denied the claims for [REDACTED] services. There is no support for UHCCP's decision in the policy and nothing in the record to show that the Petitioner was given any indication that [REDACTED] services as her PCP would be limited to a specific office address.

Accordingly, the Director concludes that [REDACTED] was an in-network provider and finds that UHCCP's denial of coverage for [REDACTED] services on February 10, 2015, was not consistent with the terms of the Petitioner's coverage.

V. ORDER

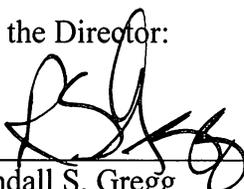
The Director reverses UHCCP's March 30, 2015, final adverse determination. UHCCP shall, within 60 days of the date of this Order, cover the services from [REDACTED] February 10, 2015, subject to any terms and conditions of the policy. UHCCP shall, within seven days of providing coverage, furnish the Director with proof that it has implemented this Order

To enforce this Order, the Petitioner may report any complaint regarding its implementation the Department of Insurance and Financial Services, Health Plans Division, toll free 877-999-6442.

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.

Annette E. Flood
Director

For the Director:



Randall S. Gregg
Special Deputy Director