

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

In the matter of:

██████████
Petitioner

v
United Healthcare Insurance Company
Respondent

File No. 149971-001

Issued and entered
this 12th day of October 2015
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On September 21, 2015 ██████████, authorized representative of ██████████ (Petitioner), filed a request with the Director of Insurance and Financial Services for external review under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.*

The Petitioner receives health care benefits through a plan that is underwritten by United Healthcare Insurance Company (UHC). The benefits are defined in UHC's *United Healthcare Choice Plus Certificate of Coverage*. The Director notified UHC of the external review request and asked for the information it used to make its final adverse determination. UHC provided its response on September 25, 2015. The Director accepted the case for review on September 28, 2015.

The issue in this external review can be decided by a contractual analysis. The Director reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

II. FACTUAL BACKGROUND

The Petitioner lives in ██████████. On September 9, 2014, he suffered a stroke while vacationing in Tennessee. He was treated at the ██████████. Upon release from the hospital on October 8, 2014, the Petitioner was transferred to a rehabilitation facility, ██████████. The transfer was done by ██████████ of ██████████ a ground ambulance service. The charge was \$4,733.78. UHC denied coverage.

The Petitioner appealed UHC's decision through its internal grievance process. At the conclusion of that process, UHC issued a final adverse determination dated July 17, 2015, affirming its coverage denial. The Petitioner now seeks a review of that adverse determination from the Director.

III. ISSUE

Did UHC correctly process the claim for the Petitioner's ambulance transportation?

IV. ANALYSIS

Respondent's Argument

In its final adverse determination UHC concluded that:

Non-emergency ambulance services are covered from a hospital to subacute setting. Transportation is covered to the closest (and most cost effective) facility that can provide your care. Transportation to another facility for the convenience of the patient, family, or doctor is not covered.

Petitioner's Argument

In his request for an external review, the Petitioner's authorized representative wrote:

I have overseen [Petitioner's] medical care since his stroke in September of 2014. When [Petitioner] was released from the [REDACTED], transportation was arranged by [REDACTED] for rehabilitation. Because [Petitioner] was in a facility close to home I and other family members were able to work with [him] and provide an environment to aid in his quick recovery.

I contend that because [Petitioner] was returned to a facility close to home where his medical progress was monitored and expedited his total cost of health care was reduced by tens of thousands of dollars. I totally believe that had he been transferred to another facility in Tennessee apart from family, his health recovery would have been substantially degraded.

Director's Review

UHC's *Choice Plus* certificate does provide coverage for non-emergency ambulance services. The coverage is described on page 8 of the certificate:

Covered Health Services

* * *

1. Ambulance Services

Emergency ambulance transportation by a licensed ambulance service (either ground or air ambulance) to the nearest Hospital where Emergency Health Services can be performed.

Non-Emergency ambulance transportation by a licensed ambulance service (either ground or air ambulance, as we determine appropriate) between facilities when the transport is any of the following:

- From a non-Network Hospital to a Network Hospital.
- To a Hospital that provides a higher level of care that was not available at the original Hospital.
- To a more cost-effective acute care facility.
- From an acute facility to a sub-acute setting.

The *Choice Plus* certificate, on pages 1 and 6, also includes a provision requiring prior authorization for non-emergency ambulance transportation regarding ambulance services:

Prior authorization

We require prior authorization for certain Covered Health Services. In general, Network providers are responsible for obtaining prior authorization before they provide these services to you. There are some Network Benefits, however, for which you are responsible for obtaining prior authorization. Services for which prior authorization is required are identified below and in the *Schedule of Benefits* table within each Covered Health Service category....

We recommend that you confirm with us that all Covered Health Services listed below have been prior authorized as required....

Covered Health Services which Require Prior Authorization

* * *

Ambulance – non-emergent air and ground

[Page 1]

Benefits

* * *

1. Ambulance Services

In most cases, we will initiate and direct non-Emergency ambulance transportation. If you are requesting non-Emergency ambulance services, you must obtain authorization as soon as possible prior to transport. If you fail to obtain prior authorization as required, you will be responsible for paying all charges and no Benefits will be paid. [Page 6]

The records submitted in this matter by the Petitioner and by UHC are devoid of any evidence that the Petitioner or his relations sought prior approval for the ambulance transportation provided for the 500 mile trip from [REDACTED]. The Director finds that UHC, in denying coverage, did correctly process the claim for the ground ambulance service under the terms and conditions of the certificate.

V. ORDER

The Director upholds UHC's July 17, 2015 adverse determination. UHC is not required to provide coverage for the Petitioner's October 8, 2014 ambulance services.

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 'RSG', is written over a horizontal line.

Randall S. Gregg
Special Deputy Director