

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. 150207-001

United Healthcare Community Plan, Inc.,

Respondent.

Issued and entered
this 23rd day of October 2015
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On October 5, 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 receives health benefits through an individual plan that is underwritten by United Healthcare Community Plan, Inc. (UHC), a health maintenance organization. The benefits are described in UHC's *Platinum Compass 250 Individual Medical Policy*. The Director notified UHC of the external review request and asked for the information it used to make its final adverse determination. UHC submitted its response on October 7, 2015. After a preliminary review of the material received, the Director accepted the request on October 12, 2015.

This case presents an issue of contractual interpretation. 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

On March 12, 2015, the Petitioner had a nasal endoscopy performed by ██████████ ██████████ ██████████. The amount charged for the service was \$382.00. UHC denied coverage.

The Petitioner appealed UHC's benefit determination through its internal grievance process. At the conclusion of that process, UHC issued a final adverse determination dated September 21, 2015, affirming its decision. The Petitioner now seeks a review of that final adverse determination from the Director.

III. ISSUE

Did UHC correctly deny coverage for the Petitioner's March 12, 2015 nasal endoscopy?

IV. ANALYSIS

Respondent's Argument

In its final adverse determination to the Petitioner, UHC stated that it denied coverage because the Petitioner received the services in question from a non-network provider. The *Platinum Compass 250* policy's schedule of benefits provides:

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.

Petitioner's Argument

The Petitioner's request for external review contained this statement:

Before enrolling with United Health Care I checked the web site for my ENT surgeon's name. It was on their website. I called United Health Care to make sure it was accurate. They informed me that it was. I asked the doctor's office if they participated with United Health Care through the marketplace and they said they did. I checked, I asked, I did what I was supposed to. This all took place the end of December 2014 and the beginning of January 2015. Because of problems with the market place my enrollment didn't go through until February 5, 2015. My start date was March 1st and my appointment was March 12, 2015.

The end of July 2015 I received a bill for \$382.00. After calling the doctors office they said it was denied. They said that they do accept United Health Care and I should call them. I called United Health Care and they said [REDACTED] was not in their network. I explained to them that they told me he was and he was on the web site. They put me on hold while they looked into it and then told me he was dropped as of January 1st. Although I do not have the date that I called them to inquire about [REDACTED], I do know that it was after January 1st. I worked with the

market place to submit my application throughout January and it went through on February 5, 2015.

Since I checked with United Health Care ahead of time to make sure an appointment with [REDACTED] would be covered, and they told me that it would, I am requesting that they pay the claim. I do not feel their error should come out of my pocket and quite honestly, I can't afford to pay for their error. I have made arrangements with another ENT to monitor my health in hopes of avoiding/ prolonging any more surgeries but I need the bill cleared up with [REDACTED] office. I signed up with United Health Care in good faith and did my part. I expect them to honor their word and do their part.

In regards to the internal appeal, they seemed to base their decision on the health plans written policy for out of network services. What is over looked and not included in their statement to me was the fact that it was their employee who told me that [REDACTED] was in network. I would not have gone otherwise. It is for this reason alone that I feel United Health Care should pay this claim.

Director's Review

Page 1 of the UHC *Platinum Compass 250* policy's Schedule of Benefits states, "Benefits are not available for services provided by non-Network providers."

It is unfortunate that [REDACTED] network status changed during Petitioner's enrollment period. However, in a review under the Patient's Right to Independent Review Act, the Director does not have the authority to alter the term of coverage based on an allegation of misinformation.¹ Because [REDACTED] was not in the UHC network when the services in question were rendered, no coverage was provided.

The Director finds that UHC's denial of coverage was consistent with the terms and conditions of the policy and schedule of benefits.

V. ORDER

The Director upholds United Healthcare Community Plan, Inc.'s September 21, 2015 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

¹ In this review, the Director can only address those issues that can be resolved under the Patient's Right to Independent Review Act (PRIRA). The Petitioner may have other remedies outside of PRIRA for any complaints that are not dealt with in this order.

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 'RS Gregg', is written over a horizontal line.

Randall S. Gregg
Special Deputy Director