

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

In the matter of:

████████████████████

Petitioners

v

File No. 152176-001

**United Healthcare Community Plan, Inc.
Respondent**

Issued and entered
this 22nd day of March 2016
by **Randall S. Gregg**
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On February 11, 2016, ██████████ filed with the Department of Insurance and Financial Services (DIFS) a complaint on behalf of ██████████ (Petitioners) regarding two claim denials issued by United Healthcare Community Plan, Inc. (United), a health maintenance organization. The Petitioners are a married couple who receive health care benefits under United's *Silver Compass HSA 75 Individual Medical Policy*.

When it was initially filed, the complaint was incomplete. On February 24, 2016, additional information was provided. On March 2, 2016, after a preliminary review of the information submitted, the Director accepted the case for review under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* United provided additional information on March 3, 2016.

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 January 12, 2015, ██████████ received a chest x-ray, and on February 10, 2015 ██████████ had a mammogram and breast ultrasound. These radiology services were provided at a facility located at ██████████. The amount charged for the x-ray was

\$177.00, the mammogram and breast ultrasound charge was \$694.00. United received a claim for these services from [REDACTED] which has a facility located at [REDACTED]. United denied coverage, ruling that [REDACTED] was a nonparticipating provider. The Petitioners' benefit plan does not provide any coverage for medical care obtained from a nonparticipating provider.

The Petitioners argue that they received the services at [REDACTED], which is listed as a participating provider on United's web site. [REDACTED] address on the United web site is [REDACTED], the same address as [REDACTED] facility. The building at [REDACTED] is an office building that contains several health care businesses.

The Petitioners appealed the denials through United's internal grievance process. At the conclusion of that process, United issued final adverse determinations dated December 29, 2015 affirming its coverage denials. The Petitioners now seek the Director's review of those final adverse determinations.

III. ISSUE

Did United correctly deny coverage for the Petitioners' radiology services provided on January 12 and February 10, 2015?

IV. ANALYSIS

United Healthcare's Argument

In its final adverse determinations, United cited [REDACTED] as the provider and stated:

The service(s) was initially denied because:

Benefits are only available when you receive services from a provider in your plan's network and in your plan's network service area.

* * *

We are unable to confirm that this provider was listed as a network provider for your Benefit Plan on United Healthcare's website. This provider is non-network. Your Benefit Plan does not offer coverage for services received from a non-network provider.

The final adverse determination does not mention [REDACTED].

Petitioners' Argument

In a letter dated May 15, 2015, Petitioner Mingfeng Deng wrote:

Please be advised that we...are being billed for chest x-ray, ultrasound, and mammography procedures. Both procedures were conducted at [REDACTED] [REDACTED] after consulting the United Health Care Insurance web site.

According to our health insurance web site, [REDACTED] is one of the participating providers under "Covered Preventive Services" which do not require any charge. The diagnostic radiology, ultrasound and mammography were ordered by our primary care physician....

It was only after confirming the "in network" status of this facility in United Health Care web site before we decided to use the service of this facility.

In the request for external review, the Petitioners' representative wrote that the staff at the facility accepted the Petitioners' insurance cards and performed the procedures but never told the Petitioners that the facility did not participate with their insurance plan. She states that, had the Petitioners been told the facility did not participate with United, they would have gone elsewhere for the tests. She argues that the Petitioners should be reimbursed for the cost of the tests.

Director's Review

Radiology services are a covered benefit under United's *Silver Compass* policy. However, the policy's schedule of benefits states (page 1):

Compass offers a limited Network of providers. To obtain Network Benefits, you must receive Covered Health Services from a Compass Network provider within the Network Area. You can confirm that your provider is a Compass Network provider by calling Customer Care at the telephone number on your ID card or you can access a directory of providers online at www.myuhc.com

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.

Based on the material submitted for this review, the Director finds that the Petitioners received their radiology services in the [REDACTED] office and not at [REDACTED]. [REDACTED] has no record of the Petitioners receiving services at their facility. [REDACTED] does indicate that the Petitioners were at their facility on the dates in question because they submitted claims for radiology services on the dates in question.

[REDACTED] is not part of United's provider network. The Petitioners' benefit plan provides no coverage for services from non-network providers.

The Director concludes that United's denial of coverage for the Petitioners' radiology services is consistent with the term of United's *Silver Compass HSA 75 Individual Medical Policy*.

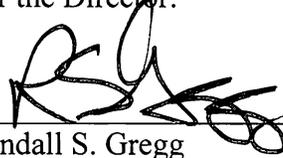
V. ORDER

The Director upholds United's December 29, 2015, final adverse determinations. United is not required to provide coverage for the Petitioners' January 12 and February 10, 2015 radiology 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 'R. S. Gregg', is written over a horizontal line.

Randall S. Gregg
Special Deputy Director