UnitedHealth Group®

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05/31/2021 1530

United Health Group - West, Central and Cirrus RMO
Operated by Firstsource Solutions
1355 South 4700 West
Salt Lake City, UT 84104

UnitedHealthcare®

A UnitedHealth Group Company

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FAX

FROM

Shoukat Alam

TO

Appeal Department
UHC

Phone
Fax Number (832) 404-2459 * 1006

Phone
Fax Number +1 (801) 9382709

DATE 05/31/2021

NOTE

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FAX

FROM

Shoukat Alam

TO

Appeal Department
UHC

Phone (832) 404-2459 * 1996
Fax Number (832) 404-2459

Phone
Fax Number +1 (801) 9382109

DATE 05/31/2021

NOTE

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SignatureCare
EMERGENCY CENTER

P.O Box 821028 Houston, TX 77282-1028
832-699-3777 office 832-404-2459 fax

May 27, 2021

PATIENT NAME: **Giselle L Rios**

ID#: **943415786**

CLAIM#: **CK99992962**

DOS: **01/01/2021**

BILLED: **$ 1,804.00**

TICKET#: **N102532**

TIN: **813460167**

Dear Appeals Dept,

Through our research of state and federal legislation, we have determined that United Healthcare has incorrectly been applying Medicare rates or other internal rates to our emergent claims. The application of plan benefit reimbursement, as dictated by the patient's policy, DOES NOT apply to out of network emergency services. We are requesting a formal review of the incorrect application of benefits for the claim referenced above. Although the claim was processed timely, it was processed in a manner that is either incorrect or inconsistent with the terms of the insurance policy or evidence of coverage. We have based our request on the following:

- On April 30, 2018, the Department of Health and Human Services, the Department of Treasury, and the Internal Revenue Service (the tri-agencies) issued a final regulation to clarify rules regarding out of network emergency room services specifically under the Affordable Care Act.

- If health plans pay a low amount to non-network ***EMERGENCY*** providers, we are required to treat emergent patients regardless of their ability to pay. To address this concern directly, the tri-agencies ***REQUIRE*** you to pay "a reasonable amount" to us.
- United Healthcare does not consider the great cost to us when treating your members when emergencies arise and every precaution to stabilize your members, in good faith, is taken. Keeping that in mind, every precaution should also be taken by you, the insurer, to adequately reimburse ***every claim*** appropriately by ***adhering to all state and federal guidelines***, especially since your members are paying a premiums with the expectation that if an emergency ever arises, they will not be further burdened either by our actions when receiving medical treatment or by your actions post medical treatment.
- You have stated that the aforementioned claim was paid according to the patient's plan benefits, but this reimbursement approach does not apply to OON emergency care. Since this claim has already been deemed emergent, you are not in compliance with state and federal regulations and the "reasonable amount" standard has not been met.
    - This standard is only considered to have been met if a plan or insurer pays a non-network emergency services provider based on the **greatest** of 1) the median in-network negotiated rate; 2) Medicare rates for emergency services; or 3) a method used to determine the cost of non-network care (such as usual, customary, and reasonable (UCR) charges) with in-network cost-sharing rules. This standard has been referred to as the "greatest of the three" rule because it sets a minimum floor for what plans must pay for non-network emergency services. The only way to become compliant is by reprocessing the claim according to the federal regulations listed above.

➢ The pricing based on Medicare rates or internal rate would apply to OON non-emergent claims, but this patient's condition was considered emergent under the Prudent Layperson Standard.
- The ACA made the prudent layperson standard federal law. In simple terms, the definition of a medical emergency is what a normal person with an average knowledge of medicine thinks is an emergency- the patient's symptoms make it an emergency, not the final diagnosis.
- The ACA has carved out reimbursement rules for emergency care specifically in an effort to protect the patient from catastrophic surprise bills but your assertation that "the patient may not be balanced billed" does not absolve you of your responsibility to comply with the "reimbursement floors" of the ACA's 3-part minimum standards.

➢ Since United Healthcare uses different methodologies to determine allowed amounts, the tri-agencies also require you to disclose, if requested, how you calculate the

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amounts under the "greatest of the three" regulation. Consider this as a formal request for those specific calculations. Please do not include generic plan benefit summaries or member handbooks as they do not apply to this emergent claim not does it fulfill the requirements of our request. If Medicare rates or case rates of any kind are applied, please show the calculations used to determine that this rate is the "greatest of three". Also, consider this a formal request for any and all interest and penalties due as a result of your incorrect processing of this clean claim.

- Texas Prompt Pay Law: 28 TAC 21.2815
  - Q: If a carrier incorrectly denies a clean claim and subsequently received information that the claim should have been paid, does the carrier owe prompt pay penalties?
    A: A timely, but improper denial will result in the carrier owing prompt pay penalties. If a carrier denies a clean claim in a manner that is either incorrect or inconsistent with the terms of the insurance policy or evidence of coverage, the carrier will be subject to administrative penalties, including, if applicable, prompt pay penalties.

A copy of the patient's authorization is attached.

Kind Regards,

Marisa Symons, Team Lead- Insurance Reimbursement

832-699-3777 ext. 153

msymons@roundtmc.com

UnitedHealthcare® Designation of Authorized Representative

Member Name (*please print*)	Date of Birth	Member ID number	
Erica Barrera	**06/20/2012**	**943415786**	
Member's Street Address	City	State	Phone
6727 Carrington Ridge Ln	**HOUSTON**	**TX**	**(832) 512-1566**
Name of Individual/Company/Law Firm being designated as the authorized representative			
REPRESENTATIVES FROM ROUND TABLE MEDICAL CONSULTANTS/SIGNATURE CARE			
Designated Representative's Address	City	State	Phone
P O BOX 821028	**HOUSTON**	**TX**	**(832) 699-3777**
Provider of Service			
Stafford Emergency Center			
Date(s) of Service or Proposed Service			
01/01/2021			

I, **Giselle L Rios** do hereby name
Print the name of the member who is receiving the service or supply
REPRESENTATIVES FROM ROUND TABLE MEDICAL CONSULTANTS/SIGNATURE CARE
Print the name of the person who is being authorized to act on the member's behalf
to act as my authorized representative in requesting *(check all that apply)*

○ a complaint ✓ an appeal ✓ documents
from UnitedHealthcare regarding the above-noted service or proposed service.

I understand and agree that:

- This authorization is voluntary;
- my health information may contain information created by other persons or entities including health care providers and may contain medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information;
- I may not be denied treatment, payment for health care services, or enrollment or eligibility for health care benefits if I do not sign this form;
- my health information may be subject to re-disclosure by the recipient, and if the recipient is not a health plan or health care provider, the information may no longer be protected by the federal privacy regulation;
- this authorization will expire one year from the date I sign the authorization. I may revoke this authorization at any time by notifying UnitedHealthcare in writing; however, the revocation will not have an effect on any actions taken prior to the date my revocation is received and processed.

Signature of Member Giselle Rios	Date 1-1-21
If person signing this authorization is not the member, describe relationship to the Member (i.e. Parent, Legal Representative)	

Legal Representatives signing this authorization on behalf of a member must furnish a copy of a health care power of attorney, or other relevant document that grants the applicable legal authority

406297 Stat
1/1/2021 SEX:F
RIOS, GISELLE 16:03
AGE:8y DOB: 6/20/2012 Reg:CRU