



UnitedHealth Group®

9
1
0
2
1
0
9
0
2
1
5
2
3

THIS DOCUMENT WAS RECEIVED IN

APPEAL PO BOX 30573 or FAX 801-938-2109, SLC, UT-RMO WEST

FAX

03/30/2021

1758

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

**RECEIVED
VIA
FAX/FTP**

BEST COPY AVAILABLE

**DO NOT Return to the RMO for
Rescan**

9
1
0
2
1
0
9
0
2
1
5
2
3

FAX

FROM

Ahmed Yousuf Saber
RoundTable Medical Consultants
11490 Westheimer Road Suite 1000

TO

APPEAL DEPARTMENT
UHC

Fax Number (800) 401-9159 +1800

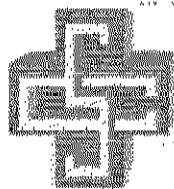
Fax Number +1 (801) 9382109

DATE 03/30/2021

NOTE

N079173

9
1
0
2
1
0
9
0
2
1
5
2
3



SignatureCare

EMERGENCY CENTER

P.O Box 821028 Houston, TX 77282-1028
832.699.3777 office 832.404.7459 fax

MARCH 24, 2021

PATIENT: Larry Lafreniere
ID# 901819860
CLAIM# CH57172687
DOS: 09/09/2020
BILLED: \$1,784.00
TICKET# N079173
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 nonnetwork **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.



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

MARCH 24, 2021

PATIENT: Larry Lafreniere
ID# 901819860
CLAIM# CH57172687
DOS: 09/09/2020
BILLED: \$1,784.00
TICKET# N079173
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.