STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE
CONSUMER SERVICES AND MARKET CONDUCT BRANCH
CLAIMS SERVICES BUREAU
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
www.insurance.ca.gov

Steve Poizner, *Insurance Commissioner*

March 27, 2007

Michael Griffin, M.D.
Kim Griffin, R.N.
2051 Pioneer Ct
San Mateo, CA 94403

Our File Number: CSB-6237493
Regarding: Michael Griffin, M.D.
Insured: [redacted]
Our File Number: CSB-6237494
Regarding: Michael Griffin, M.D.
Insured: [redacted]

Dear Ms. Griffin:

This is in response to your letter dated 2/26/07. We appreciate your concerns and the information you have provided. Your complaints are important to us.

If you feel the claim(s) for patients [redacted] and/or [redacted] are still improperly underpaid please contact as soon as possible. Please provide the amount you feel should have been paid according to the provisions of your contract on the date of service. In order to assist you we would require a copy of your contract with Pacificare Life & Health Insurance Company and your calculations to support the correct amount you feel should have been paid. To date you have provided only a copy of the signature page of the provider contract with Pacificare but we would require the entire copy with the listing the contracted rates and the CPT codes etc. that support your position.

In your letter you indicate there are 100 claims improperly processed and underpaid by this insurer. Your letter states you do not have the time or resources to provide the information regarding these claims. We have standard procedures for processing complaints from Health care Providers. We must apply these required procedures equitably to all Health Provider Complainants.

In order to properly investigate a complaint we must have necessary information about the claim(s) in dispute. We must know what specific information to request from an insurer. We cannot investigate a health claim complaint without the patient's name, ID number, dates of service, amounts billed, and amounts paid just to start. We would also appreciate copies of the EOB's and any other supporting documentation, copies of all correspondence especially appeal/grievance records, and records of verbal contact or copies of electronic correspondence and submissions.

REDACTED

[redacted]

If your office cannot provide the necessary information our Department would have no way of knowing what claims to investigate on your behalf or what the specific issue is for each respective claim. Our Department needs your help with information to be able to provide assistance. We are prepared to process any and all complaints you wish to submit in compliance with our procedures.

Your letter indicates you find it baffling that the Department of Insurance cannot enforce a contract with an insurance company. Please allow me to provide you with some information regarding our Department.

Our Department is governed by the State of California Insurance Code. We have two primary duties.

The first duty, direct consumer or provider assistance, is geared toward the needs of a specific consumer or provider and concludes when we have reached the limit of our authority to **seek a non-judicial resolution** to the consumer's complaint. Our Department does not have judicial authority to weigh evidence and we cannot force a particular coverage decision on an insurer and we cannot order a specific payment on a particular claim.

When questions of fact arise, **only a judge or jury can resolve the matter. Also, the court is the only institution authorized to order an insurer to make a specific claim payment.**

Our second duty is the regulatory review of the insurer's claim handling. This is separate from our consumer assistance activities and is designed to protect the public at large, rather than a specific consumer. The results of the review of a company's claim handling of a specific claim are confidential unless at such time we take regulatory action, which results in some sort of public action or notice.

Please be assured that our Department is aware of problems associated with the merger of United Healthcare Life and Pacificare. Your general inquiry will be included with other general inquiries as our Department investigates these serious allegations and issues. You should also be aware that 90% or more of United Healthcare's medical plans are self funded or self insured and do not fall under the jurisdiction of the California department of Insurance. These plans commonly referred to as ERISA plans fall under the jurisdiction of the U.S. Department of Labor, whose address and contact information is included in the enclosure to this correspondence.

We are enclosing a copy of our Health Care Providers Guide to the Complaint Process and a copy of the Health Provider Request for Assistance. Please familiarize yourself with our procedures and feel free to copy and reproduce the Request for Assistance form for future complaints you may wish to submit to our Department.

Once again thank you for contacting us and allowing us to provide the above information. For any other insurance issues or questions you may have, please feel free to contact the Department of Insurance at **1-800-927-HELP**. In addition, the Department also maintains an internet site at http://**www.insurance.ca.gov** where there is information that may be helpful to you in answering any future insurance related questions.

Sincerely,

Robert Masters
Senior Insurance Compliance Officer
Claims Services Bureau
TEL(213) 346-6543

FAX(213) 897-5891
mastersr@insurance.ca.gov

Please refer to the DEPARTMENT OF INSURANCE FILE NUMBER when corresponding