CDI Complaint Database

Table: NAICDATA_PC_ACTIVITIESV2

Brunelle Entry

Complaint: 6229584
Date: 12/29/2006
Activity UID: 3611353
Description: Mail for an existing complaint

Text: **"'Rec'd a cc of the insr's reeval letter to the complt. dated 12/20/06, along with file docs. Carrier explains submitted claims were paid based on contract terms/limitations. One hosp. bill was just processed on 12/18/06 and payment is to be issued directly to the provider.**

My initial review of the file docs. has revealed that the file may not be complete. For example, I see no log or activity notes. Also, copies of EOBs are not complete copies (licensee name not shown, nor DOI review address on denied-claim EOBs).

I'm still awaiting the licensee's response to my letter of 12/27/06, sent after this file was reassigned to me, whereby I requested docs. beyond what the originally assigned officer requested (a copy of the group ins. app. was requested in order to confirm the situs state; I find it can't always be concluded that the contract is a CA situs contract just because it's written on CA paper, when it comes to PacifiCare policies. A copy of the group app. should make it clear in terms of which state the contract was entered into).

Once I receive the carrier's response, I'll conduct another review and determine if a complete response to our inquiries has been provided by the carrier. At the moment, what is needed for a complete response to my letter of 12/27/06 is a copy of the group app."

CDI Complaint Database

Table: NAICDATA_PC_ACTIVITIESV2

Brunelle Entry

Complaint: 6229584
Date: 2/2/2007
Activity UID: 3650761
Description: "Analysis and Conclusion of Case"

Text: "'Completed investigation. PacifiCare Life & Health Ins. Co. Group health ins. claim complaint. Complt. alleges the licensee has failed to process claims at the proper rate.

CA contract. PPO coverage.

Licensee responds, says claims were paid according to the schedule of benefits, Copy of specimen policy provided as supp. doc.

? of fact regarding amt. paid, as carrier maintains it paid 60% of the allowable covered expense after deductible.

However, citing three violations (two violations of reg. 2695.5(a) and one of 2695.3(a)), as the carrier provided late and incomplete responses. See violation letter for details.

Recording recovery of $39,995, as the licensee reprocessed and paid a claim on 12/21/06 (in the amt. of $39,995.07) well after CDI began its investigation. It rec'd add'l docs. that allowed it to process the claim. Late-payment interest was paid as well, but it does not appear the claim was actually processed late pursuant to CIC 10123.13 (amt. of interest paid was small). Thus, complaint has not been found to be justified.

Closing letter to complt. Violation letter to Fred Totten with a bcc for Dave Stolls.

File closed."

CDI Complaint Database

Table: NAICDATA_PC_ACTIVITIESV2

Brunelle Entry

Complaint: 6229584
Date: 2/2/2007
Activity UID: 3650802
Description: "Case Closed"

Text: ""Status code changed from 00 to 03 . Case Closed"