Michigan Office of Administrative Hearings and Rules

611 W. Ottawa Street Lansing, MI 48909

Phone: 517-335-8658 Fax: 517-335-9512

AGENCY REPORT TO THE JOINT COMMITEE ON ADMNINISTRATIVE RULES (JCAR)

1. Agency Information

Agency name:

Insurance and Financial Services

Division/Bureau/Office:

Insurance

Name of person completing this form:

Catherine Hart

Phone number of person completing this form:

517-284-8720

E-mail of person completing this form:

HartC4@michigan.gov

Name of Department Regulatory Affairs Officer reviewing this form:

Sarah Wohlford

2. Rule Set Information

MOAHR assigned rule set number:

2019-136 IF

Title of proposed rule set:

Utilization Review

3. Purpose for the proposed rules and background:

These rules are mandatory under Section 3157a of the Insurance Code, MCL 500.3157a, which was added by Public Act 21 of 2019. Section 3157a was intended to help lower overall costs of automobile insurance by ensuring that persons injured in motor vehicle accidents receive an appropriate level of care. Under that section, DIFS is required to promulgate rules that will establish criteria or standards for utilization review that identify utilization of treatment, products, services, or accommodations under the no-fault automobile insurance statute that are above the usual range of utilization based on medically accepted standards. "Utilization review" is the initial evaluation by an insurer or the Michigan Catastrophic Claims Association of the appropriateness, based on medically accepted standards, of the level and the quality of treatment, products, services, or accommodations provided under personal protection insurance benefits. The rules must include a process by which medical providers submit records to, and comply with, any decision of DIFS regarding utilization review.

4. Summary of proposed rules:

The proposed rules are mandatory under Section 3157a of the Insurance Code, MCL 500.3157a, which was added by Public Act 21 of 2019. Section 3157a(3) requires DIFS to promulgate rules to establish a utilization review program. The proposed rules are designed to impose standards for utilization review and establish an appeals process for health care providers to appeal to DIFS when they disagree with a benefit determination made by an automobile insurer.

5. List names of newspapers in which the notice of public hearing was published and publication dates:

The Daily Press (Escanaba): March 13, 2020 Lansing State Journal: March 13, 2020

Oakland Press: March 13, 2020

6. Date of publication of rules and notice of public hearing in Michigan Register:

4/1/2020

7. Date, time, and location of public hearing:

 $4/10/2020\ 09:00\ AM$ at First Floor Forum , Michigan Library & Historical Center, 702 W. Kalamazoo St., Lansing, Michigan

8. Provide the link the agency used to post the regulatory impact statement and cost-benefit analysis on its website:

https://ARS.apps.lara.state.mi.us/Transaction/RFRTransaction?TransactionID=122

9. List of the name and title of agency representative(s) attending public hearing:

Sarah Wohlford, Senior Deputy Director Catherine Hart, Administrative Law Specialist

10. Persons submitting comments of support:

The following individuals recommended changes to the rules:

- •Maureen Kinsella (Michigan Brain Injury Provider Council)
- •Tim Hoste (Michigan Brain Injury Provider Council/NeuroRestorative)
- •Tom Judd (Michigan Brain Injury Provider Council)
- •Kris D. Curtis, MA, LPC, CRC
- •KJ Miller (Michigan Catastrophic Claims Association)
- •Lynn Brouwers (Rainbow Rehabilitation Center)
- •Steven Armenti (Medlogix)
- •Stephen Pontoni (Michigan Association for Justice)
- •Jeffrey Junkas (American Property Casualty Insurance Association)
- •Devin Hutchings (Eisenhower Center)
- •Pam Feinberg-Rivkin
- •Martha Levandowski
- •Kathleen Coll
- •Karen Gatko (McClaim Homecare)
- •John Prosser (Home Partners Homecare)
- •Kim Spanding (Onward Therapy Services)
- Michael Andary

- •Geoff Byron (Therasupport)
- •John Cornack (Eisenhower Center)
- •Tom Judd
- •Amy Stewart (Stewart Rehab Services)
- Jeff Friend
- •Lance Treece
- •Chuck Seigerman
- •Tammy Goulding (Rehab Without Walls)
- •Gregory Kirk (Onward Therapy Services)
- •Meg Scaling (Galaxy Brain & Therapy Center)
- •Tim Mucha
- •Monica VanAcker (Willowbrook Rehab Services)
- •Sarah Gibbs (Rehab Pathways Group)
- •Tobias Roberts (CRCI Case Management)
- •Dan Bogosian (Eisenhower Center)
- •Joseph Richert (Special Tree Rehab System)
- •Connie Demeulenaere (Therapeutic Rehab)
- •Karen Pusilo (Eisenhower Center)
- •Matt Ingram
- •Jennifer Johnson (Eisenhower Center)
- •Amy Baranek (Eisenhower Center)
- •Ron Kilpela (Eisenhower Center)
- •Denny Nystrom
- •Ghassan Souri (Assistive Technology of MI, Inc.)
- •Margaret Lanham (Eisenhower Center)
- •Ashley El-Asri (Eisenhower Center)
- •Margaret Kroese (Hope Network Neuro Rehab)
- •Michael Shoemaker (Michigan Physical Therapy Association)
- •Debra Emery
- •Marcia TeVelde (Northern Comfort Specialized Care, Inc.)
- •Julie Novak (Michigan State Medical Society)
- •Case Management Society of America Board of Directors Detroit Chapter
- •Chad Brendtke (Eisenhower Center)
- •William Bloom, Ph.D.
- •Tanja Taddonia (Eisenhower Center)
- •Lynn Rhodes (Rehab Care Provider)
- •Heidi Hess-Willis (Eisenhower Center)
- •Charlie Avila (Eisenhower Center)
- •Priscilla Scovic (Eisenhower Center)
- •Fonda Wilson (Eisenhower Center)
- •Don Lipsy (Sedgwick)
- Marsha Hacker
- •Dianne Mateja (Review Works)
- •Stacy Rudd (Eisenhower Center)
- •Bernadette Skodack
- •Lorraine Zorbo (AdvisaCare)

- •Kim Nolan (Progressive Alternatives)
- •Linda Mound (Eisenhower Center)
- •Elizabeth Gava (Eisenhower Center)
- •Brittani Davis (Eisenhower Center)
- •Stephanie Harris (Eisenhower Center)
- •Brent Ewald
- •Eric Poe (Citizen United Reciprocal Exchange Auto Insurance)
- •Mark Schloemer (State Auto Insurance Companies)
- •Mary Ellen Clark
- •Laura Appel (Michigan Health & Hospital Association)
- •Dyck Van Koevering (Insurance Alliance of Michigan)
- •Katie Tucker (Sinas Dramis Law Firm), on behalf of: Coalition Protecting Auto No-Fault, Health Partners, Inc., Origami Brain Injury Rehab, and Rehab Without Walls, Inc.
- •Michele Hibbert-Iacobacci (Mitchell International)
- •Jeannie Kunz (Michigan Occupational Therapy Association)
- •Nicole Whitlow (Auto Club Group)
- •Erika Parker (Eisenhower Center)

11. Persons submitting comments of opposition:

There were no express comments of opposition. Please see the list of names in response to question no. 10 for names of commenters who recommended changes to the proposed rules via either written comment or during the virtual public hearing held on April 10, 2020.

12. Identify any changes made to the proposed rules based on comments received during the public comment period:

	Name &	Comments made at	Written	Agency Rationale	Rule number
	Organization	public hearing	Comments	for change	& citation
					changed
1	KJ Miller /		The MCCA	The requested	R 500.63(1)-
	Michigan		requested	changes were	(4); R 500.64
	Catastrophic		revisions to	made to the	(1)-(3);
	Claims		clarify that the	revised proposed	R 500.65(1)-
	Association		rules apply	rules for	(3),(5)
	(MCCA)		equally to the	clarification.	
			MCCA as to		
			insurers. In		
			addition, the		
			MCCA requested		
			that a subrule be		
			added to reflect		
			the existing		
			practice that		
			MCCA utilization		
			review decisions		
			are relied upon by		
			servicing carriers.		

2	Lynn Brouwers / Rainbow Rehabilitation	The word "medical" in the definition of "medical care" could be interpreted to exclude non-medical treatment, training, products, services, and accommodations.	To avoid the potential for any misinterpretation of covered benefits, the revised proposed rules re-state "treatment, training, products, services, and accommodations" instead of "medical care" throughout the proposed rules as appropriate.	R 500.61(i), (l); R 500.62 (1)(a); R 500.62(1)(b) (i)-(iii); R 500.62(1)(c); R 500.63(1), (2); R 500.64 (1),(3); R 500.66(1), (2)
3	Maureen Kinsella / MBIPC	The word "medical" in the definition of "medical care" could be interpreted to exclude non-medical treatment, training, products, services, and accommodations.	To avoid the potential for any misinterpretation of covered benefits, the revised proposed rules re-state "treatment, training, products, services, and accommodations" instead of "medical care" throughout the proposed rules as appropriate.	R 500.61(i), (l); R 500.62 (1)(a); R 500.62(1)(b) (i)-(iii); R 500.62(1)(c); R 500.63(1), (2); R 500.64 (1),(3); R 500.66(1), (2)

4	Tim Hoste / Michigan Brain Injury Provider Council (MBIPC)		The word "medical" in the definition of "medical care" could be interpreted to exclude non- medical treatment, training, products, services, and accommodations.	To avoid the potential for any misinterpretation of covered benefits, the revised proposed rules re-state "treatment, training, products, services, and accommodations" instead of "medical care" throughout the proposed rules as	R 500.61(i), (l); R 500.62 (1)(a); R 500.62(1)(b) (i)-(iii); R 500.62(1)(c); R 500.63(1), (2); R 500.64 (1),(3); R 500.66(1), (2)
5	KJ Miller / MCCA		The proposed rules lack sufficient detail to define what standards would be used in relation to the defined term "generally accepted standards."	appropriate. The revised proposed rules include a revised definition of "medically accepted standards" to define what standards will be used and to provide clarification.	R 500.61(i)
6	Lynn Brouwers / Rainbow Rehabilitation	The proposed rules lack sufficient detail to define what standards would be used in relation to the defined term "generally accepted standards."		The revised proposed rules include a revised definition of "medically accepted standards" to define what standards will be used and to provide clarification.	R 500.61(i)
				otarification.	

Po Mi As	ephen ontoni / ichigan ssociation for stice	The proposed rules lack sufficient detail to define what standards would be used in relation to the defined term	The revised proposed rules include a revised definition of "medically accepted standards" to define what	R 500.61(i)
Mi As	ichigan ssociation for	sufficient detail to define what standards would be used in relation to the defined term	include a revised definition of "medically accepted standards" to	
As	ssociation for	define what standards would be used in relation to the defined term	include a revised definition of "medically accepted standards" to	
As	ssociation for	standards would be used in relation to the defined term	"medically accepted standards" to	
		standards would be used in relation to the defined term	"medically accepted standards" to	
Jus	stice	be used in relation to the defined term	accepted standards" to	
		relation to the defined term	standards" to	
		defined term		
			define what	
		((11	define what	
		"generally	standards will be	
		accepted	used and to	
		standards."	provide	
		starradi as.	clarification.	
8 Do	T :/	Th	The revised	D 500 (1(i)
	on Lipsy /	The proposed		R 500.61(i)
	edgwick	rules lack	proposed rules	
Cl	aims	sufficient detail to		
		define what	definition of	
		standards would	"medically	
		be used in	accepted	
		relation to the	standards" to	
		defined term	define what	
		"generally	standards will be	
		accepted	used and to	
		standards."	provide	
			clarification.	
9 La	aura Appel /	The proposed	The revised	R 500.61(i)
	ichigan	rules lack	proposed rules	
	ealth &	sufficient detail to		
		define what	definition of	
	ospital			
	ssociation	standards would	"medically	
(M	MHA)	be used in	accepted	
		relation to the	standards" to	
		defined term	define what	
		"generally	standards will be	
		accepted	used and to	
		standards."	provide	
		standards.	clarification.	
			ciarification.	

10		TD1 1	CD1 ' 1	D 500 (1/1)
	Dyck Van	The proposed	The revised	R 500.61(i)
	Koevering /	rules lack	proposed rules	
	Insurance	sufficient detail to	include a revised	
	Alliance of	define what	definition of	
	Michigan	standards would	"medically	
	_	be used in	•	
	(IAM)		accepted	
		relation to the	standards" to	
		defined term	define what	
		"generally	standards will be	
		accepted	used and to	
		standards."	provide	
		starraaras.	clarification.	
1 1	NC 1 1	TP1 1		D 500 (1(')
11	Michele	The proposed	The revised	R 500.61(i)
	Hibbert-	rules lack	proposed rules	
	Iacobacci /	sufficient detail to	include a revised	
	Mitchell	define what	definition of	
	International	standards would	"medically	
	International	be used in	accepted	
		relation to the	standards" to	
		defined term	define what	
		"generally	standards will be	
		accepted	used and to	
		standards."	provide	
		standards.	clarification.	
10	NT' 1	TP1 1		D 500 (1(')
12	Nicole	The proposed	The revised	R 500.61(i)
	Whitlow / Auto	rules lack	proposed rules	
	Club Group	sufficient detail to	include a revised	
		define what	definition of	
		standards would	"medically	
		be used in	accepted	
		relation to the	standards" to	
		defined term	define what	
		"generally	standards will be	
		accepted	used and to	
		standards."	provide	
			clarification.	
			Claimcation.	
			ciarification.	

13	Katie Tucker (for Sinas Dramis Law Firm, Coalition Protecting Auto No-Fault, Health Partners, Inc., Origami Brain Injury Rehab, and Rehab Without Walls, Inc.)	Insurers have long used third-party medical review organizations (MROs) to perform internal utilization review. Therefore, the rule that purports to grant insurers permission to utilize MROs seems unnecessary and confusing.		The rule was stricken, and a new provision was added to clarify that insurers may still use MROs.	The original draft R 500.68 (regarding medical review organizations) was stricken; R 500.62(d) was revised.
14	KJ Miller / MCCA	confusing.	Utilizing the provider's average hourly rate to compensate the provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee."	The revised rate is a "reasonable and customary fee."	R 500.63(4)

Whitlow / Auto Club Group provider's a "reasonable and customary fee." Tim Hoste / MBIPC provider's a "reasonable and customary fee." a "reasonable and customary fee." Abbreviated R R S00.64 and R timelines will lead R	R 500.63(4)
Casualty Insurance Association (APCIA) Recommends using "reasonable and customary fee." Nicole Whitlow / Auto Club Group Nicole Whitlom / Auto Club Group The revised rate is a a "reasonable and customary fee." Tim Hoste / MBIPC Recommends using "reasonable and customary fee." Abbreviated Remediate to compensate the provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Abbreviated Remediate to compensate the provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Abbreviated Remediate to compensate the provider's a "reasonable and customary fee." Abbreviated Remediate to compensate the provider's a "reasonable and customary fee." Abbreviated Remediate the provider's a "reasonable and customary fee." Abbreviated Remediate the provider's a "reasonable and customary fee." Abbreviated Remediate the provider's a "reasonable and customary fee."	
Insurance Association (APCIA) Compensate the provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Itherevised rate is a "reasonable and customary fee." Club Group The revised rate is a "reasonable and customary fee." a verage hourly rate to compensate the provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / MBIPC The timelines in R 500.64 and R timelines will lead R timelines will lead R	
Association (APCIA) Provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Nicole Utilizing the provider's a "reasonable and average hourly rate to compensate the provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Recommends Recomme	
document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Nicole Whitlow / Auto Club Group Utilizing the provider's a a "reasonable and customary fee." The revised rate is a "reasonable and customary fee." a "reasonable and customary fee." a "reasonable and customary fee." The revised rate is a "reasonable and customary fee." a "reasonable and customary fee." The timelines in Abbreviated R MBIPC The timelines in Abbreviated R timelines will lead R	
APCIA	
provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." 16 Nicole Whitlow / Auto Club Group Utilizing the provider's a "reasonable and average hourly rate to compensate the provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." 17 Tim Hoste / MBIPC The revised rate is a "reasonable and customary fee." Abbreviated R MBIPC R 500.64 and R timelines will lead R	
a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Utilizing the provider's average hourly rate to compensate the provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / MBIPC Abbreviated Recommends using "reasonable and customary fee." Abbreviated Reviewed Reviewed Reviewed Reviewed Reviewed Reviewed Revenues	
insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Nicole Whitlow / Auto Club Group The revised rate is a "reasonable and customary fee." The revised rate is a "reasonable and customary fee." The timelines in R 500.64 and R Abbreviated R timelines will lead R	
insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Nicole Whitlow / Auto Club Group The revised rate is a "reasonable and customary fee." The revised rate is a "reasonable and customary fee." The timelines in R 500.64 and R Abbreviated R timelines will lead R	
for an explanation is too variable. Recommends using "reasonable and customary fee." Nicole Whitlow / Auto Club Group The revised rate is a "reasonable and customary fee." a "reasonable and customary fee." rate to compensate the provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / MBIPC Recommends	
explanation is too variable. Recommends using "reasonable and customary fee." Nicole Whitlow / Auto Club Group The revised rate is R a "reasonable and customary fee." a "reasonable and customary fee." The revised rate is R a "reasonable and customary fee." Tor a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." The timelines in R 500.64 and R Abbreviated R imelines will lead R	
variable. Recommends using "reasonable and customary fee." The revised rate is a "reasonable and customary fee." The revised rate is a "reasonable and customary fee." The revised rate is a "reasonable and customary fee." responsate the provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." The timelines in R 500.64 and R Abbreviated R timelines will lead R	
using "reasonable and customary fee." Nicole Whitlow / Auto Club Group Utilizing the provider's a "reasonable and customary fee." a "reasonable and customary fee." rate to compensate the provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / MBIPC Resonable and Abbreviated R Sou.64 and R timelines will lead R	
and customary fee." The revised rate is a "reasonable and customary fee." Recommends using "reasonable and customary fee."	
and customary fee." The revised rate is a "reasonable and customary fee." Recommends using "reasonable and customary fee."	
fee." The revised rate is a "reasonable and customary fee." R a The revised rat	
Nicole Whitlow / Auto Club Group Utilizing the provider's a "reasonable and customary fee." Recommends using "reasonable and customary fee." The revised rate is a "reasonable and customary fee." Recommends using "reasonable and customary fee." Tim Hoste / MBIPC The revised rate is a "reasonable and customary fee." Recommends Utilizing the provider for a "reasonable and customary fee." Abbreviated R timelines will lead R	
Whitlow / Auto Club Group provider's a "reasonable and customary fee." Tim Hoste / MBIPC provider's a "reasonable and customary fee." a "reasonable and customary fee." Abbreviated R R 500.64 and R a "reasonable and customary fee."	R 500.63(4)
Club Group average hourly rate to compensate the provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / MBIPC Recommends in Abbreviated R Soo.64 and R timelines will lead R	()
rate to compensate the provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." The timelines in MBIPC R 500.64 and R The timelines will lead R	
provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / MBIPC Tim Hoste / R 500.64 and R timelines will lead R	
provider for document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / MBIPC Tim Hoste / R 500.64 and R timelines will lead R	
document provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." The timelines in R 500.64 and R Timelines will lead R	
provision and/or a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / The timelines in Abbreviated R S 500.64 and R timelines will lead R	
a written response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / MBIPC The timelines in R 500.64 and R timelines will lead R	
response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / The timelines in Abbreviated R MBIPC Response to an insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." The timelines in Abbreviated R S 500.64 and R timelines will lead R	
insurer's request for an explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / The timelines in Abbreviated R 500.64 and R timelines will lead R	
for an explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / MBIPC Tim Hoste / R 500.64 and R timelines will lead R	
explanation is too variable. Recommends using "reasonable and customary fee." Tim Hoste / The timelines in Abbreviated R MBIPC R 500.64 and R timelines will lead R	
variable. Recommends using "reasonable and customary fee." Tim Hoste / MBIPC The timelines in R 500.64 and R timelines will lead R	
Recommends using "reasonable and customary fee." Tim Hoste / MBIPC Recommends using "reasonable and customary fee." The timelines in R 500.64 and R timelines will lead R	
using "reasonable and customary fee." Tim Hoste / The timelines in R 500.64 and R timelines will lead R	
and customary fee." 17 Tim Hoste / The timelines in Abbreviated R MBIPC R 500.64 and R timelines will lead R	
fee." Tim Hoste / MBIPC The timelines in Abbreviated R S 500.64 and R timelines will lead R	
Tim Hoste / The timelines in Abbreviated R 500.64 and R timelines will lead R	
MBIPC R 500.64 and R timelines will lead R	R 500.63(2);
	R 500.65(1)
500.65 should be to swifter	
abbreviated. resolutions.	
	R 500.63(2);
	R 500.65(1)
Rainbow Rehab should be abbreviated. to swifter	
resolutions.	
Teoditations.	

19	Jeffrey Junkas /	The timelines in	Abbreviated	R 500.63(2);
	APCIA	R 500.64 and R	timelines will lead	R 500.65(1)
		500.65 should be	to swifter	,
		abbreviated.	resolutions.	
20	Laura Appel /	The timelines in	Abbreviated	R 500.63(2);
	MHA	R 500.64 and R	timelines will lead	R 500.65(1)
		500.65 should be	to swifter	
		abbreviated.	resolutions.	
21	Nicole	The timelines in	Abbreviated	R 500.63(2);
	Whitlow / Auto	R 500.64 and R	timelines will lead	R 500.65(1)
	Club Group	500.65 should be	to swifter	
		abbreviated.	resolutions.	
22	Tim Hoste /	R 500.66(7)	The revised rules	R 500.64(3);
	MBIPC	should be revised	clarify that	R 500.65(7)
		to clarify that	providers can	
		providers are not	appeal to DIFS in	
		required to	two	
		exhaust their	circumstances: 1)	
		administrative	when an insurer	
		remedies via the	denies a claim on	
		utilization review	the basis that a	
		process.	provider	
			overutilized care	
			without requesting	
			additional	
			information from	
			the provider; or 2)	
			when an insurer	
			has requested an	
			explanation from a	
			provider for the	
			necessity of the care and	
			subsequently	
			denies the claim.	
			The revised rules	
			also clarify that	
			any decision made	
			by DIFS under the	
			utilization review	
			process is subject	
			to judicial review	
			as a contested case	
			under MCL	
			500.244.	
	ı		200.477.	

23	Maureen Kinsella / MBIPC	R 500.66(7) should be revised to clarify that providers are not	The revised rules clarify that providers can appeal to DIFS in	R 500.64(3); R 500.65(7)
	IMBIPC	providers are not required to exhaust their administrative remedies via the utilization review process.	appeal to DIFS in two circumstances: 1) when an insurer denies a claim on the basis that a provider overutilized care without requesting additional information from the provider; or 2) when an insurer has requested an explanation from a provider for the necessity of the care and subsequently denies the claim.	
			The revised rules also clarify that any decision made by DIFS under the utilization review process is subject to judicial review as a contested case under MCL 500.244.	

	IK JUU 66(/I shaiila be i	I he revised rilles	IR 500 64(4). I
Lynn Brouwers /	R 500.66(7) should be	The revised rules	R 500.64(3); R 500.65(7)
			K 300.03(7)
Kaiiioow Keiiao	1		
	process.		
		the basis that a	
		provider	
		overutilized care	
		without requesting	
		process is subject	
		to judicial review	
		as a contested case	
		under MCL	
		500.244.	
	Brouwers / Rainbow Rehab	Brouwers / Rainbow Rehab revised to clarify that providers are not required to exhaust their administrative remedies via the utilization review process.	Rainbow Rehab providers are not required to exhaust their administrative remedies via the utilization review process. Providers are not required to exhaust their administrative remedies via the utilization review process. Providers are not required to exhaust their administrative remedies via the utilization review process. Providers a claim on the basis that a provider overutilized care without requesting additional information from the provider; or 2) when an insurer has requested an explanation from a provider for the necessity of the care and subsequently denies the claim. The revised rules also clarify that any decision made by DIFS under the utilization review process is subject to judicial review as a contested case under MCL

25	Stephen	D 50	00.66(7)	The revised rules	R 500.64(3);
	Pontoni / MAJ		uld be revised	clarify that	R 500.65(7)
	I Olitolli / IVIAJ		larify that	providers can	K 300.03(7)
			viders are not	appeal to DIFS in	
			uired to	two	
			aust their	circumstances: 1)	
			ninistrative	when an insurer	
			edies via the	denies a claim on	
		utili	zation review	the basis that a	
		proc	cess.	provider	
				overutilized care	
				without requesting	
				additional	
				information from	
				the provider; or 2)	
1				when an insurer	
				has requested an	
				explanation from a	
				provider for the	
				necessity of the	
				care and	
				subsequently	
				denies the claim.	
				The revised rules	
				also clarify that	
				any decision made	
				by DIFS under the	
				utilization review	
				process is subject	
				to judicial review	
				as a contested case	
				under MCL	
<u> </u>				500.244.	

R 500.64(3); R 500.65(7)
l
5
,
a
e
R 500.65(6)
Ì
<u> </u>
)

13.Date report completed:

6/30/2020