

HUMANA.

Guidance when you need it most

PO Box 11268

Green Bay, WI 54307

June 20, 2017

Frank Fonesca

State of Florida Department of Financial Services

Division of Consumer Services

200 East Gaines Street

Tallahassee, FL 32399-0322

RE: SR Number: 1-901399026

Reg: Humana Medical Plan, Inc.

NAIC #: 95270

Company Code: 87050

Complainant: [REDACTED]

Member: [REDACTED]

Identification #: [REDACTED]

Plan Type: Humana Gold Plus Plan

Reference #: [REDACTED]

Dear Mr. Fonesca:

[REDACTED] is enrolled in the Humana Gold Plus Plan.

[REDACTED] inquiry has been carefully and thoroughly considered. Enclosed is our response, which details the handling of this matter.

Protected Health Information (PHI) is included in this cover letter and the attached response (including attachments) for the purpose of responding to an inquiry from the Florida Department of Insurance as part of its health oversight activities. Any further use or disclosure of such PHI by the Florida Department of Insurance must be in accordance with applicable state and federal privacy laws including, but not limited to, the Standards for Privacy and Individually Identifiable Health Information ("Privacy Rule") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

We wish to thank the Florida Department of Insurance for bringing this situation to our attention and trust the enclosed material sufficiently explains our Company's position.

Should the department have further questions, you may reach me at 1-502-710-7999, Ext 1140300, or fax us at 920-339-5043. I can be reached by e-mail using HumanaCriticalInquiry@Humana.com. Please reference the department's file number and/or the reference number.

Sincerely,

A handwritten signature in black ink, reading "LaTonya Anthony". The signature is written in a cursive, flowing style with a large initial "L".

LaTonya Anthony
Critical Inquiry Analyst
Critical Inquiry Department



PO Box 11268
Green Bay WI 54307-1268
Fax: 920-339-5043

June 20, 2017

Frank Fonseca
State of Florida Department of Financial Services
Division of Consumer Services
200 East Gaines Street
Tallahassee, FL 32399-0322

RE: SR Number: 1-901399026
Reg: Humana Medical Plan, Inc.
NAIC #: 95270

Company Code: 87050

Complainant: [REDACTED]

Member: [REDACTED]

Identification #: [REDACTED]

Plan Type: Humana Gold Plus Plan

Plan Effective Date: January 1, 2011

Plan Termination Date: N/A

Reference #: [REDACTED]

Dear Mr. Fonseca:

Thank you for the opportunity to investigate the facts surrounding the above named member's concerns. After thorough research, we have made the following determination:

The requested service (breast augmentation) is not medically necessary under Medicare and the Humana plan. We are still unable to approve your request.

[REDACTED] is enrolled in the Humana Gold Plus Plan. This plan is offered by Humana Medical Plan, Inc. ("Humana"), a subsidiary of Humana Inc., which contracts with the Centers for Medicare & Medicaid Services to provide Medicare Advantage coverage.

[REDACTED] states that Humana has denied her physicians' ([REDACTED]) request to perform gender dysphoria treatment on April 25, 2017.

A detailed chronology of Humana's handling of [REDACTED] request for approval of gender dysphoria treatment is as follows:

- April 4, 2017, [REDACTED] office requested an approval to perform the procedures listed below on April 25, 2017.

14301:Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm.

14302:Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)

15100:Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050).

54520:Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach.

- April 5, 2017, Humana denied [REDACTED] request advising that the requested services such as augmentation mammoplasty and implants are not covered for gender reassignment surgery. A copy of the Notice of Denial of Medical Coverage (NODMC) letter (**Attachment A**) advising that the requested services such as augmentation mammoplasty and implants are not covered for gender reassignment surgery is enclosed for your review.
- April 11, 2017, [REDACTED] filed a Expedited Appeal with Humana's Grievance & Appeal Department. On this day, a Peer to Peer review was conducted. [REDACTED] complete file, including all clinical and medical records, were submitted to Humana's Regional Medical Director for a subsequent review of the denial.
- April 19, 2017, Humana's Regional Medical Director **partially overturned** the original denial based on the following:

You have gender dysphoria. **Your doctor has asked to perform a breast augmentation.** Your medical record shows that you have been living as a woman for the last year and taking female hormone supplements. The Medicare Benefit Policy Manual, Chapter 16 - General Exclusions from Coverage, Section 120 - Cosmetic Surgery states "cosmetic surgery or expenses incurred in connection with such surgery is not covered. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member". The purpose of this surgery is to improve your appearance. The requested service is not medically necessary under Medicare and the Humana plan. **We are still unable to approve your request.**

You have gender dysphoria. **Your doctor has asked to perform an orchiectomy as one step of your gender changing surgery.** Your medical record shows that you have been living as a woman for the last year and taking female hormone supplements. You have had psychological evaluations from two different psychiatrists who have approved you for the surgery. The request meets the criteria established in the Humana Medical Coverage Policy titled Gender Reassignment Surgery. **I approve the service as requested.**

RE: SR Number: 1-901399026

Complainant: [REDACTED]

June 20, 2017

Page 3


You have an abdominal scar from previous surgery that is causing you symptoms. **Your doctor is asking to remove this scar during your other approved surgery.** The medical record shows that you have severe symptoms from this scar as well as chronic infections resistant to treatment. The Medicare Program Integrity Manual, Chapter 13, Section 13.5.1 indicates that to be covered under Medicare a service shall be reasonable and necessary. The requested service is reasonable and necessary and covered by your Evidence of Coverage (EOC) and **I approve the request.**

- May 26, 2017, Humana received an appeal filed by [REDACTED]
- June 2, 2017, Humana mailed [REDACTED] a determination letter (**Attachment B**) advising that clarification regarding her benefits for services requested by [REDACTED] was provided on April 11, 2017.

As indicated in the determination outline above, the request for a breast augmentation is not medically necessary and not covered by Medicare and the Humana Plan. The relevant excerpts (**Attachment C**) from [REDACTED] 2017 Evidence of Coverage (EOC) supporting our decision are enclosed for your review.

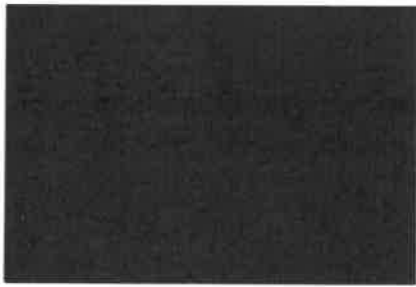
Beneficiaries may reach Humana at 1-800-457-4708. If using a TTY, they may call 711. Our hours of operation are 8:00 AM through 5:00 PM Eastern Standard Time.

Sincerely,



LaTonya Anthony
Critical Inquiry Analyst
Critical Inquiry Department

Attachment A





HSO - 143 Executive Circle
Daytona Beach, FL 32114
1-800-322-2758 1500038 TTY 711

Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under "Get help & more information."

Notice of Denial of Medical Coverage

Date: 4/14/2017

Member number: [REDACTED]

Name: [REDACTED]

Date of Service: 04/25/2017

Your request was denied

We've denied the medical services/items listed below requested by you or your doctor:

Outpatient Services

Why did we deny your request?

We denied the medical services/items listed above because:

Based on Medicare guidelines, the service requested for you, breast enlargement procedures such as augmentation mammoplasty and implants are not covered for gender reassignment surgery. Your medical record shows that you have Gender identity disorder. Based on Medicare guidelines, the service requested for you, Orchiectomy which is surgery to remove your testes does not meet guidelines. In order to meet criteria there must be:

- Two referral letters from qualified mental health professionals; one in a purely evaluative role

We only received one letter from a qualified mental health professional.

Based on Medicare guidelines, the service requested for you, abdominal scar revision which is surgery to correct, remove or improve scar tissue. In order to meet criteria there must be:

- The revision is required to correct a restricted movement, severely contracture (shortening and hardening of muscles, tendons, or other tissue) and
- The scar resulted from an accidental injury or a medically necessary surgical procedure; and
- The revision uses standard surgical techniques

The information provided did not report that the scar was causing any problems with movement or that it was it was because of an accident, because of an infection or other medical reason.

You can discuss this letter with your provider and your provider can call us or send more records. This decision was based on:

The Medicare Program Integrity Manual Chapters 13, Section 13.5.1 and Chapter 3, Section 3.3.2.1

Humana Coverage Guidelines: Gender Reassignment Surgery and Cosmetic Surgery and Reconstructive Surgery, Scar Revision.

If your doctor wants to talk about your case with a doctor who reviews these requests, please have your doctor call Humana's Utilization Management department at 855-330-5706. Your doctor needs to call within five (5) calendar days of the date on this notice.

You should share a copy of this decision with your doctor so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor.

You have the right to appeal our decision

You have the right to ask Humana to review our decision by asking us for an appeal.

Plan Appeal: Ask Humana for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline. See section titled "How to ask for an appeal with Humana" for information on how to ask for a plan level appeal.

If you want someone else to act for you

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: 1-800-457-4708 to learn how to name your representative. TTY users call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records.

Important Information About Your Appeal Rights

There are 2 kinds of appeals with Humana

Standard Appeal – We'll give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within **60 days**.

Fast Appeal – We'll give you a decision on a fast appeal within **72 hours** after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 days for a decision.

We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request. If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 days.

How to ask for an appeal with Humana

Step 1: You, your representative, or your doctor must ask us for an appeal. Your request must include:

- Your name
- Address
- Member number
- Reasons for appealing.
- Whether you want a Standard or Fast Appeal (for a Fast Appeal, explain why you need one).
- Any evidence you want us to review, such as medical records, doctors' letters (such as a doctor's supporting statement if you request a fast appeal), or other information that explains why you need the item or service. Call your doctor if you need this information.

We recommend keeping a copy of everything you send us for your records. You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

Step 2: Mail, fax, or deliver your appeal or call us.

For a Standard Appeal: Address: Humana Grievances and Appeals Dept.
P.O. Box 14165
Lexington, KY 40512-4165
Fax: 1-800-949-2961
Phone: 1-800-457-4708 (TTY: 711)

If you ask for a standard appeal by phone, we will send you a letter confirming what you told us.

For a Fast Appeal: Phone: 1-800-867-6601 TTY: 711 Fax: 1-800-949-2961

What happens next?

If you ask for an appeal and we continue to deny your request for a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

Get help & more information

- If you have questions, please call us toll free at Humana Toll Free: 1-800-457-4708 TTY users call: 711. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from February 15 to September 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day. For 24-hour service you can visit us at **Humana.com**.
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116 or www.eldercare.gov to find help in your community.

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call 1-800-MEDICARE TTY users call: 1-877-486-2048 or email: AltFormat@cms.hhs.gov.

Discrimination is Against the Law

Humana Inc. and its subsidiaries ("Humana") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

Humana Inc. and its subsidiaries ("Humana") do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries ("Humana") provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-800-457-4708 or if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries ("Humana") have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-457-4708 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-457-4708 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-457-4708 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-457-4708 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-457-4708 (TTY: 711) 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-457-4708 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-457-4708 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-457-4708 (TTY: 711).

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-457-4708 (ATS: 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-457-4708 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-457-4708 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-457-4708 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-457-4708 (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-457-4708 (TTY: 711) まで、お電話にてご連絡ください。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بحیثیت رایگان برای شما فراهم می باشد. با 1-800-457-4708 تماس بگیرید. (TTY: 711)

Diné Bizaad (Navajo): Dii baa akó ninízin: Dii saad bee yánilti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jik'eh, éí ná hólq, kojí' hódíílnih 1-800-457-4708 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك والمجان. اتصل بـ 1-800-457-4708 (رقم هاتف الب: 711)

Attachment B

P.O. Box 14165
Lexington, KY 40512-4165

June 2, 2017

[REDACTED]

Member: [REDACTED]
Reference number: [REDACTED]
Company name: HUMANA MEDICAL PLAN, INC
Date of service: N/A

A Determination Has Been Made In Your Case

Dear [REDACTED]

Thank you for contacting Humana and allowing us the opportunity to research the facts surrounding your complaint received on May 26, 2017. The following determination was made based on the information provided:

Received appeal from the member Received on May 26, 2017. You were provided clarification regarding your Explanation of Benefits for services provided by [REDACTED] [REDACTED] on April 11, 2017. Since your issue has been resolved we will no longer be addressing your appeal.

Other Resources To Help You:

Medicare Rights Center
Toll Free: 1-888-HMO-9050
TTY: 1-800-421-1220

Elder Care Locator
Toll Free: 1-800-677-1116

1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048

Call if you need us

[REDACTED]

[REDACTED]

If you have questions, please call our Customer Care team at 1-800-457-4708. If you use a TTY, call 711. You can call Monday through Friday, from 8 a.m. to 8 p.m.

Our automated phone system may answer your call on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number and we'll call you back by the end of the next business day. For 24-hour service you can visit us at www.humana.com. Please be sure to keep a copy of this letter for your records.

Sincerely,



Joy Shaw

Grievance and Appeal Department

Humana is a Medicare Advantage HMO, PPO and PFFS organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

This information is available for free in other languages. Please contact our customer service number at 1-800-457-4708. If you use a TTY, call 711. Our hours are 8 a.m. to 8 p.m. Monday – Friday.

Esta información está disponible gratis en otros formatos o idiomas. Contacte por favor nuestro número de servicio de atención al cliente al 1-800-457-4708. Si utiliza un TTY, llama al 711. Nuestro horario es de 8:00 AM a 8:00 PM de lunes a viernes.



Attachment C

Your 2017 Evidence of Coverage

Humana

Accepted

SECTION 3 What services are not covered by the plan?

Section 3.1 Services we do not cover (exclusions)

This section tells you what services are "excluded" from Medicare coverage and therefore, are not covered by this plan. If a service is "excluded," it means that this plan doesn't cover the service.

The chart below lists services and items that either are not covered under any condition or are covered only under specific conditions.

If you get services that are excluded (not covered), you must pay for them yourself. We won't pay for the excluded medical services listed in the chart below except under the specific conditions listed. The only exception: we will pay if a service in the chart below is found upon appeal to be a medical service that we should have paid for or covered because of your specific situation. (For information about appealing a decision we have made to not cover a medical service, go to Chapter 9, Section 5.3 in this booklet.)

All exclusions or limitations on services are described in the Benefits Chart or in the chart below.

Even if you receive the excluded services at an emergency facility, the excluded services are still not covered and our plan will not pay for them.

Services not covered by Medicare	Not covered under any condition	Covered only under specific conditions
Services considered not reasonable and necessary, according to the standards of Original Medicare	✓	
Experimental medical and surgical procedures, equipment and medications. Experimental procedures and items are those items and procedures determined by our plan and Original Medicare to not be generally accepted by the medical community.		✓ May be covered by Original Medicare under a Medicare-approved clinical research study or by our plan. (See Chapter 3, Section 5 for more information on clinical research studies.)
Private room in a hospital.		✓ Covered only when medically necessary.
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.	✓	
Full-time nursing care in your home.	✓	
*Custodial care is care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care.	✓	



CONSUMER SERVICES

Department of Financial Services

July 5, 2017

Re: Service Request Number: 1-901399026
Company Name: Humana Medical Plan, Inc. (Humana)

Dear Ms. [REDACTED]:

Thank you for contacting the Florida Department of Financial Services, Division of Consumer Services regarding your health insurance concerns with Humana. We have received a response to the inquiry we made on your behalf.

Humana has advised the Department of the information listed below regarding your complaint:

- "April 4, 2017, [REDACTED] office requested an approval to perform the procedures listed below on April 25, 2017.

14301: Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm.

14302: Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)

15100: Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050).

54520: Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach."

- "April 5, 2017, Humana denied [REDACTED] request advising that the requested services such as augmentation mammoplasty and implants are not covered for gender reassignment surgery. A copy of the Notice of Denial of Medical Coverage (NODMC) letter was provided advising that the requested services such as augmentation mammoplasty and implants are not covered for gender reassignment surgery.

- "April 11, 2017, [REDACTED] filed an Expedited Appeal with Humana's Grievance & Appeal Department. On this day, a Peer to Peer review was conducted. Your complete file, including all clinical and medical records, were submitted to Humana's Regional Medical Director for a subsequent review of the denial."

FLORIDA DEPARTMENT OF FINANCIAL SERVICES • DIVISION OF CONSUMER SERVICES

www.myfloridacfo.com/Division/Consumers

Frank Fonseca • Insurance Specialist III

200 E. Gaines St. • Tallahassee, FL 32399-0322

Toll-free: 1-877-693-5236 • Direct: 850-413-3089 • Fax 850-413-1550

Affirmative Action • Equal Opportunity Employer

- “April 19, 2017, Humana’s Regional Medical Director partially overturned the original denial based on the following:

“You have gender dysphoria. Your doctor has asked to perform a breast augmentation. Your medical record shows that you have been living as a woman for the last year and taking female hormone supplements. The Medicare Benefit Policy Manual, Chapter 16 - General Exclusions from Coverage, Section 120 - Cosmetic Surgery states “cosmetic surgery or expenses incurred in connection with such surgery is not covered. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member”.

“You have an abdominal scar from previous surgery that is causing you symptoms. Your doctor is asking to remove this scar during your other approved surgery. The medical record shows that you have severe symptoms from this scar as well as chronic infections resistant to treatment. The Medicare Program Integrity Manual, Chapter 13, Section 13.5.1 indicates that to be covered under Medicare a service shall be reasonable and necessary. The requested service is reasonable and necessary and covered by your Evidence of Coverage (EOC) and Humana has approved the request.”

- “May 26, 2017, Humana received an appeal filed by [REDACTED].”
- “June 2, 2017, Humana mailed you a determination letter advising that clarification regarding your benefits for services requested by [REDACTED] was provided on April 11, 2017.”

Humana advised the Department that your request for a breast augmentation procedure is not medically necessary and not covered by Medicare and Humana plan. Humana provided a copy of your Evidence of Coverage excerpt labeled as Attachment C supporting their decision.

The Florida Department of Financial Services does not have jurisdiction over Medicare Advantage policies. However, as a courtesy and since the insurance company provided a response to the Department, we are responding to your inquiry. Please remember that if you have further questions or inquiries regarding this policy, contact the Center for Medicare and Medicaid Services at 1-800-633-4227.

We appreciate the opportunity to provide assistance. For more details on insurance or financial matters, we invite you to visit us on the web at www.myfloridacfo.com/Division/Consumers. While there, be sure to select our Understanding Coverage link for more information regarding health insurance. Our Consumer Guides, On Demand Library and Insurance Library contain articles and interactive educational videos to help you make informed financial decisions. If you prefer, you may speak to an Insurance Specialist by calling our Consumer Helpline at 1-877-693-5236 between 8:00 am and 5:00 pm EST.

Sincerely,
Frank Fonseca

1-901399026 First letter to company on 5-31-17

Service Request Detail

SR Number: 1-901399026

Consumer Information:

Name: [REDACTED]

Home Phone #: [REDACTED]

Work Phone #:

Cell Phone #:

Address 1: [REDACTED]

Address 2:

City: [REDACTED]

State: [REDACTED]

Zip: [REDACTED]

Service Request Information:

Policy Number: [REDACTED]

Claim Number:

Service Point Company: HUMANA MEDICAL PLAN, INC.

Special Category:

Insurance Area: Health Maintenance Org.

Insurance Sub-area: Individual

Reason Code: Claim Issue

Mediation Requested?:

Service Request Description: Ms. [REDACTED] has requested the assistance of our office in regard to an apparent medical procedure denial by your company. The insured stated her physician recommended gender dysphoria treatment. As described by the insured, she now has an outstanding claim with a date of service April 25, 2017. If the procedure was denied, provide a detailed explanation of the grounds upon which the decision was based. Please include any applicable sections of the policy which would relate to the reasoning behind the denial. Also, please include a timeline of the events that lead to this decision including correspondence to the insured. Your assistance in this matter is very much appreciated.

Specialist Information:

Name: Frank Fonseca

Phone Number: (850) 413-5778

Email Address: frank.fonseca@myfloridacfo.com



CONSUMER SERVICES
Department of Financial Services

February 23, 2015

[REDACTED]
[REDACTED]
[REDACTED]

Re: Service Request Number: 1-834183724
Company Name: Blue Cross & Blue Shield Of Florida, Inc. (Florida Blue)

Dear [REDACTED]:

We have received a response from your insurance company in regard to the request for service you filed concerning the recent claim denial for [REDACTED] treatment.

The insurance company representative indicated that your coverage is a self-funded plan with Blue Cross and Blue Shield of South Carolina (BSBSSC) being the host administrator. Your appeal with reviewed and the decision was made to maintain the claim denial. It appears the plan excludes services related to changes, therapy or consultation related to a change of sex.

Self-funded plans are established under the Employee Retirement Income Security Act of 1974 (ERISA). They are also preempted from state regulation by federal law.

If you would like more information about ERISA and your rights under this policy, you may wish to contact:

U.S. Department of Labor
Employee Benefit Security Administration
8040 Peters Road, Bldg H #104
Plantation FL 33324

FLORIDA DEPARTMENT OF FINANCIAL SERVICES • DIVISION OF CONSUMER SERVICES

www.myfloridacfo.com/Division/Consumers

Linda Ruggless • DFS Insurance Specialist III

200 E. Gaines St. • Tallahassee, FL 32399-0322

Toll-free: 1-877-693-5236 • Direct: 850-413-3089 • Fax 850-413-1550

Affirmative Action • Equal Opportunity Employer

We realize this letter does not resolve your specific problem, but we hope these comments help you better understand the handling of your concerns. For additional information on insurance or financial matters, please visit us on the web at www.myfloridacfo.com/Division/Consumers. If you would prefer, you can speak to one of our Insurance Specialists by calling our Consumer Helpline at 1-877-693-5236 between 8:00 am and 5:00 pm EST.

Sincerely,

Linda Ruggless

1-834183724 First letter to company 1-27-15

Service Request Detail

SR Number: 1-834183724

Consumer Information:

Name: [REDACTED]

Home Phone #:

Work Phone #: [REDACTED]

Cell Phone #:

Address 1: [REDACTED]

Address 2:

City: [REDACTED]

State: [REDACTED]

Zip: [REDACTED]

Service Request Information:

Policy Number: [REDACTED]

Claim Number:

Service Point Company: BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.

Special Category:

Insurance Area: Accident & Health

Insurance Sub-area: Major Medical Group

Reason Code: Claim Issue

Mediation Requested?:

Service Request Description: The consumer states his daughter, [REDACTED] had an implant for Vantis which was denied. This drug is a puberty suppressant that her doctor ordered due to the high suicide rate for people in her condition. We understand the father has sent in her medical records to document the condition. The drug is needed to postpone puberty until she reaches age 18 and is able to have reassignment surgery. It is felt that this should be looked at as a mental issue. Please review the claim and consider the possible future mental claims that may have been submitted if the child had not had the treatment. Is there a possibility for re-processing? If not, please provide a detailed reason for the denial including policy language so that we may review it with the father.

Specialist Information:

Name: Linda Ruggless

Phone Number: (850) 413-5813

Email Address: linda.ruggless@myfloridacfo.com



An Independent Licensee of the
Blue Cross and Blue Shield Association

Florida Blue
P.O. Box 41646
Jacksonville, Florida 32203

February 16, 2015

Ms. Linda Ruggless
Florida Department of Financial Services
200 East Gaines Street
Tallahassee, FL 32399-0322

Re: [REDACTED]
Contract #: [REDACTED]
Carrier: Blue Cross and Blue Shield of South Carolina
Florida Blue Service Request #: [REDACTED]
DFS Service Request #: 1-834183724

Dear Ms. Ruggless,

This is in response to your Service Request dated January 27, 2015 regarding Mr. [REDACTED] request for assistance with his daughter's, [REDACTED] claim processing.

Florida Blue, Inc. has partnered with Blue Cross and Blue Shield of South Carolina (BCBSSC) to assist with the administration of certain National Multi-state accounts. All of the accounts on this platform are self-insured. Florida Blue contracts directly with each national account and has a separate contract with each Alliance partner. In this arrangement from a BlueCard perspective, for Mr. [REDACTED] particular situation, BCBSSC acts as the surrogate Home plan and Florida Blue is the Host plan.

The claim for services rendered to Ms. [REDACTED] on January 9, 2014 for charges totaling \$305.00 was processed on claim number [REDACTED]. The claim denied because services related to changes, therapy or consultation related to a change of sex is excluded. I have enclosed a copy of the Benefit Booklet for your review. Please see the section titled *Medical Exclusions*, item number thirteen.

Mr. [REDACTED] submitted an appeal on December 17, 2014. The information presented was reviewed in detail. However, the decision was upheld. Attached is a copy of the appeal decision letter sent to Mr. [REDACTED] dated January 20, 2015.

The Home plan determines benefits and eligibility, along with the approval of claim payments. Florida Blue processes the claims according to the Home plan's direction. For any additional questions pertaining to the processing of his daughters claim, Mr. [REDACTED] would need to contact BCBSSC at 888-410-2227.

I trust this information is helpful; however, if I may be of further assistance, please let me know. I can be reached at (904) 905-7335.

Sincerely,

Eldin Kadiric



An Independent Licensee of the
Blue Cross and Blue Shield Association
Eldin Kadinc
Executive Inquiries Specialist
Enclosure (s)

Florida Blue
P.O. Box 41646
Jacksonville, Florida 32203

January 20, 2015

Re: Member Name: [REDACTED]
ID Number: [REDACTED]
Patient Name: [REDACTED]
Group Name: [REDACTED]
Claim Number: [REDACTED]
Provider Name: [REDACTED]
Date(s) of Service: 01/09/2014 - 01/09/2014
Billed Amount: \$305.00
Appealed Service(s): Hormone Pellet Implantation
Denial Reason: Services related to changes, therapy or consultations related to a change of sex is excluded
Related Claim(s): not applicable
Additional Provider Name(s): not applicable

Dear Member:

We have completed review of your appeal on the above referenced claim(s) and determination was made by the medical staff. Based on the review of the documents and information identified below, the original claims processing decision was upheld and the appealed service(s) remains denied.

The following documents were considered in this appeal:

- The member's first level appeal correspondence dated 12/17/2014
- The medical records related to your care and treatment from [REDACTED]
- The opinion of [REDACTED]

Any medical supplies or services or changes incurred for consultation, therapy, surgery or any procedures related to changing a covered member's sex is not covered under the health plan.

We regret that our decision was not favorable. We are sympathetic to your individual situation. When we review claims, however, we are responsible for making sure they comply with the terms of the plan.

If this plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), you may have the right to bring a civil action under ERISA section 502(a) following your appeal. You will be entitled to receive free and reasonable access to and copies of all documents, records, and other information relevant to your appeal. Please check your health plan and booklet for more specific information about this process.

This concludes all mandatory appeals under your health plan. You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your state insurance regulatory agency.

Nothing in this letter should be construed as a waiver of any rights or defenses under the group plan. This determination has been made in good faith and without prejudice under the terms and conditions of the group plan, whether or not it has been specifically mentioned.

Sincerely,

Pam Lucas
Claims Review Coordinator
Columbia Service Center