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Zenobia Cooper-Birt
Complaints Analyst
Consumer Services Division
Office of Commissioner of Insurance and Safety Fire
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Hello Ms. Cooper-Birt,

Though it has taken me some time to properly address your letter of February 7, 2023, I have several responses:

--Probably most importantly, the main thrust of my complaint, that Ambetter and Turning Point are operating in bad faith, with a system set up inherently designed to prevent patients from getting care, was not addressed at all. Your office and Ambetter have focused on the minutia, and even Ambetter's response includes evidence that trying to get approval of care is an onerous, inefficient, and inappropriate process (note lack of explanations for the denials, as illustrated below).

--I shared with you information in a previous email, that I will attach again for easy reference, about Turning Point requirements for medical records, which include requirements that literally would allow them, per their own guidelines, to deny every single request. For clarity, Turning Point is Ambetter's utilization review contractor, with this arrangement presumably set up to allow Ambetter to deny having anything to do with denying care. Ambetter offers the lowest cost insurance. They supposedly provide coverage to the citizens of the state who are least able to negotiate or choose from any other option (i.e. the most vulnerable, with no leverage), so it makes complete sense from a business perspective to make approvals (and

actual delivery of care) as difficult as possible.

--Although your letter notes that the original adverse decision was "overturned," the initial response from Ambetter was incomprehensible, copied here:

"The request for your neck surgery cannot be approved. Your doctor's plan for surgery is to connect the spine bones together in your neck. However, the request submitted is for connecting your spine bones together while removing the front part of your bones. For this reason, the requested surgery cannot be approved. Please talk to your doctor about treatment options, they have received a copy of this letter as well."

What? Who wrote this? A kindergartener? Surgery to connect the spine bones? The Ambetter/Turning Point explanation is nonsense, so if offering nonsense is their mechanism of denying care, where does the Commissioner of Insurance stand on the issue of insurers denying care for no comprehensible medical reason?

In case it wasn't clear from my initial complaint and to reiterate this detail here, I had a conversation with a spine surgeon, and we agreed on a plan, with actual medical words, more sophisticated than "connect the spine bones together in your neck." And, I know it's a detail, but the spine surgeon (Dr. Charles Mick) and I, at least in our phone call, AGREED on a surgical plan. Again, to deny the surgery after that phone call, where two surgeons agreed, for reasons that makes no sense, is further evidence of a utilization review mechanism designed to withhold care. However, denials are great for the insurance company, as they save literally thousands of dollars with every denial.

--I have to wonder if anyone in the State of Georgia who was involved with authorizing paying money to Ambetter, to supposedly provide medical care to the neediest citizens, has any interest in how care is being denied? Or maybe those in the legislature think that the appearance of providing care is good enough for them to sleep at night, despite the fact that care is being denied inappropriately?

--Right in Ambetter's letter that you shared with me are more examples of objectionable insurance company behavior, with their opaque (not clear) explanations for the denial:

"The criteria or medical reason for this decision is GN-1002 - Medical Record Documentation - Internal Baseline Policy, OR-1004 - Lumbar Spinal Fusion – Internal Baseline Policy, OR-1012 - Cervical Spinal Fusion - Internal Baseline Policy, OR-1045 -Osteotomies for Spinal Deformity - Internal Baseline Policy." Is this explanation supposed to be clear?

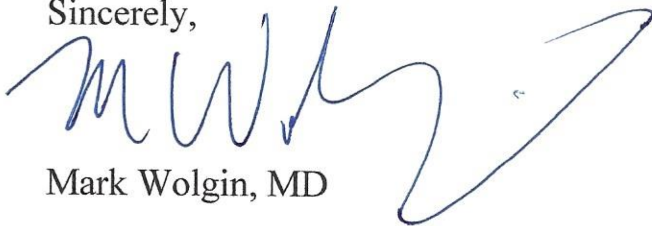
I'm sorry, but I did not see attached any explanation of...what is GN-1002? I don't remember that detail being taught in medical school. So, in effect, no explanation is offered. They might as well have denied the care because the patient has a pulse.

--Although the letter continues to state that the denial was overturned, we still have yet to receive in writing that the patient has had her surgery approved...until my surgery scheduler learned TODAY that we are approved to proceed. For the record, I have not myself seen any written approval. I know, again, details. The verbal promises I have received from Ambetter have been followed by subsequent denials, so I think, just my opinion here, Ambetter has a credibility problem.

Is this good insurance company behavior? I have yet to meet a single patient with Ambetter who is satisfied with their coverage, but they all felt they had no choice.

I am not sure what will come of my protests here, but at least I can be as clear as possible about what I am seeing here.

Sincerely,



Mark Wolgin, MD

cc: NCQA, Dr. Mark Kishel, Med Assn GA