



Mark Wolgin &lt;mwolgin@gmail.com&gt;

---

**Re: Complaint - Ambetter**

---

Mark Wolgin &lt;mwolgin@gmail.com&gt;

Thu, Feb 23, 2023 at 4:08 PM

To: NCQA Customer Support &lt;customersupport@ncqa.org&gt;

Cc: Mark Kishel &lt;mkishel@mag.org&gt;, "Cooper-Birt, Zenobia" &lt;ZCooper@oci.ga.gov&gt;

Hi Gloria,

Sorry I have not responded sooner, but it has taken me a minute to fashion a response.

You note that it is "unfortunate" that matters have not been handled to my satisfaction. Maybe I'm misinterpreting your message, but to me, "unfortunate" is a word to describe a bad outcome, usually out of one's control. For example, it's unfortunate your dog was run over, or that you got food poisoning. I was under the apparently mistaken impression that your organization, with the words "quality assurance" right in your name, had something to do with quality assurance.

You note that NCQA accredited, certified, or recognized entities must have policies and procedures in place for the appropriate resolution of "member complaints and appeals." To be clear, your response is not addressing my complaint about the insurer acting in bad faith. The presence of a member complaints appeals policy is not the issue. More fundamentally, my complaint is that the clinical policies of Ambetter and their utilization review contractor Turning Point (TP) are designed to deny care. Even their denials gave no details as to why the requested evaluations or treatments were denied. If Ambetter and Turning Point had as their goal to deliver appropriate care to their covered patients based on evidence based medicine and published clinical guidelines, they could first make the guidelines easily available to providers on their website. Second, for their denials, they could certainly explain in even some meager detail about what information they are lacking to approve the requested treatments. However, they do not. Their denials only state that the requested surgery "cannot be approved." For example, [click here](#). I have to wonder again what the words "quality assurance" describe if not assuring the quality of an insurance product offered to patients.

By contracting out to TP to do the denials, Ambetter can have at least the appearance of being at arms length for the assessments of what is appropriate care. This contracting relationship gives Ambetter plausible deniability for their denials. My impression as a provider: Ambetter makes the promises and sells the insurance, and TP is in charge of denying the care. Here are some examples of how TP denies care, per their own document, copy attached:

By TP guidelines, TP can deny any case, since "Acceptable medical records must meet ALL of the following" and since meeting all the criteria is for all intents and purposes impossible:

--Patient's name or ID must be on each page. None of our records would qualify. Our records from our EMR have the patient's name on the first page, and the subsequent pages say "page 2 of 4," or "page 3 of 4," but right there: records disqualified.

--Any deficit on item 6 that might be missing, like any particular detail of the patient's history, past history, etc., regardless of whether relevant, could be used to deny care.

--No cloned documentation: what EMR system DOESN'T have some feature including cloned documentation? Hint: they ALL do.

--Must include notes from physical therapy, including initial and final visits. Who requires that? Answer: nobody.

There are more objections to these requirements, which are unreasonable, noted in my handwriting on the attached document.

And, seriously, forwarding my complaint to Ambetter? What good does that do? This situation would be like if I were complaining that a plumber ripped me off, and you sent my complaint...to the plumber!! How is your action in this regard helpful? Or maybe your action is designed to not rock the boat. The people at Ambetter and TP are clearly comfortable operating the way that they do, so what makes you think they'd change anything on their own? I have already alerted them of my issues and I think they're just waiting for me to get tired of complaining. If the issues I am raising have to do with assurance of quality (and I obviously have an issue), how does your response assure quality?

Perhaps, your response is the way that you are teaching me a lesson, that nobody actually looks out for patients. Your initial response to me was that you couldn't help since the patient's address was showing, even though the patient gave me permission to send what I did (noted in her subsequent signed release emailed to you). I have since redacted that address info, but what is remarkably absent from any of your emails is any sense of concern that patients maybe are not getting quality care for their insurance dollars.

I am left wondering if anyone in your organization even read my complaint. To reiterate, the complaint was about their policies and procedures about how they decide what care is appropriate, and was not regarding patient appeal rights (the issue you addressed). The Ambetter/TP denials give very little information and no explanation. If your definition is that any insurer can write rules to allow them to take in premiums and then deny care that is recommended by an actual doctor who went to an actual medical school, how does what you do assure quality? Would you find the type of care being delivered (or more accurately, denied) here to be appropriate if the patient were your family member? I guess that the examples of denial of care, despite the outward promise of having insurance coverage, is good with you all. And as you know, any denial of a surgical case, considering hospital, anesthetic, surgical and rehab costs, saves Ambetter literally thousands of dollars. Since the patient population they serve is least able or likely to protest, it would make sense from a business standpoint for Ambetter to deny when possible.


And by the way, this instance is not the only one where patients are being treated inappropriately, but just the one that has taken the majority of my time.

Bottom line: I don't think your organization wants or cares to do anything about the issues I am raising, though I would be glad to be proven wrong. I wanted to at least be clear about the challenges I see as a provider trying to get care for my patients in need and to document such.

Sincerely,

Mark Wolgin, MW  
[drwolgin.com](http://drwolgin.com)  
Albany, GA

---

 **Turning point med rec documentation stds Jan 2023.pdf**  
1613K