

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
OFFICE OF FINANCIAL AND INSURANCE REGULATION
Before the Commissioner of Financial and Insurance Regulation

In the matter of

XXXXXX

Petitioner

File No. 118496-001

v

Blue Cross Blue Shield of Michigan
Respondent

Issued and entered
this 25th day of July 2011
by R. Kevin Clinton
Commissioner

ORDER

I. BACKGROUND

This case concerns a request for external review filed by XXXXX (Petitioner) under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Petitioner is challenging the denial of her claim for air ambulance services.

The Petitioner receives health care coverage through the Michigan Association of CPAs. The coverage is underwritten by Blue Cross Blue Shield of Michigan (BCBSM). The Association's benefits contract is BCBSM's *Community Blue Group Benefits Certificate* (the certificate).

On March 30, 2010, the Petitioner had a heart attack and was transferred by an air ambulance between two Sarasota-area hospitals. XXXXX provided the services for which it charged \$13,575. BCBSM paid \$5,801.81. XXXXX does not participate with BCBSM and is seeking payment of the balance of its fee from the Petitioner. The Petitioner requests that BCBSM cover the full XXXXX fee since its services were provided on an emergency basis.

BCBSM states that its certificates do not guarantee that a provider's charge will be paid in full. BCBSM indicates that it paid 100% of its approved amount to the Petitioner for the air ambulance transport which the same amount as it would have paid to a participating provider.

II. ISSUE

Is BCBSM required to approve an additional amount for the Petitioner's air ambulance service?

III. ANALYSIS

Under the *Community Blue* certificate, BCBSM pays an “approved amount” for medical care. The certificate also does not require BCBSM to pay a nonparticipating provider’s charge in full under any circumstances. There is nothing in the certificate that requires BCBSM to pay more than its approved amount, even in an emergency or even if there are no participating providers available.

Nonparticipating providers like XXXXX have not agreed to accept BCBSM’s approved amount as payment in full and may bill for any balance over the approved amount. The certificate (page 4.32) contains the following provision regarding nonparticipating providers:

If the . . . provider is **nonparticipating**, you will need to pay most of the charges yourself. Your bill could be substantial.

* * *

Note: Because nonparticipating providers often charge more than our maximum payment level, our payment to you may be less than the amount charged by the provider.

The Commissioner finds that, by paying its approved amount for the air ambulance services, BCBSM correctly applied the provisions of the *Community Blue* certificate.

IV. ORDER

BCBSM’s final adverse determination of October 1, 2010, is upheld. BCBSM is not required to provide any additional reimbursement for the Petitioner’s air ambulance care.

This is a final decision of an administrative agency. Any person aggrieved by this Order may seek judicial review no later than 60 days from the date of this Order in the circuit court for the county where the covered person resides or in the circuit court of Ingham County. See MCL 550.1915(1). A copy of the petition for judicial review should be sent to the Commissioner of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.

R. Kevin Clinton
Commissioner