



The Petitioner appealed BCBSM's payment decision through its internal grievance process. At the conclusion of that process, on September 9, 2015, BCBSM issued a final adverse determination affirming its decision. The Petitioner now seeks a review of that final adverse determination from the Director.

### III. ISSUE

Did BCBSM correctly process the claim for the Petitioner's ambulance transportation?

### IV. ANALYSIS

#### Petitioner's Position

In the external review request, the Petitioner wrote:

I don't feel I am responsible to pay for the ambulance ride on 6/30/15.

I was having gas pains and the urgent care [doctor] treated me as if I was having a heart-attack even though there were no symptoms of that. She said I was a liability and must go by ambulance to the ER [emergency room]. I told her I would like to drive myself or have my husband drive me but she said I could not do that because it was a liability.

The Petitioner does not feel she should be required to pay for the ambulance services she received on June 30, 2015.

#### BCBSM's Position

In the September 9, 2015 final adverse determination, BCBSM stated:

You are covered under *Simply Blue Group Benefits Certificate LG*. On page 9 of your certificate it states that you have a family deductible that must be met for covered services. Your certificate is amended by *Rider SBD-IN \$1,500/\$3,000 LG Simply Blue Deductible Requirement for In-Network Services*. On Page 2 of this rider, it states that your family deductible is \$3,000 each calendar year for in-network providers.

Because you had not met your in-network deductible at the time of the services, you remain liable for the \$595.88 that applied to it...

#### Director's Review

Ambulance transportation is a benefit under the Petitioner's benefit plan (page 19 of the *Simply Blue* certificate). However, the benefit requires a deductible which is defined in the

certificate (page 148) as the “amount that you must pay for covered services, under any certificate, before benefits are payable.”

*Rider SBD-IN \$1,500/\$3,000 Simply Blue Deductible Requirement for In-Network Services* amends the *Simply Blue* certificate and sets the annual deductible requirement for covered in-network services at \$3,000.00 for a family. The Petitioner’s deductible had not been met when she was taken to the hospital.

The Petitioner argues that she wanted to take herself to the hospital and was told she had to use an ambulance. While this may be true, the Petitioner did use the ambulance service. Whether the Petitioner was required to use ambulance transportation or did so on her own initiative, those services were provided and BCBSM approved them. Once the service was provided and approved, the Petitioner was obligated to pay the deductible associated with that service. BCBSM’s claim decision was correct.

#### V. ORDER

The Director upholds BCBSM’s final adverse determination of September 9, 2015.

This is a final decision of an administrative agency. Under MCL 550.1915, 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 Michigan county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of General Counsel, Post Office Box 30220, Lansing, MI 48909-7720.

Patrick M. McPharlin,  
Director

For the Director:

  
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Randall S. Gregg  
Special Deputy Director