

STATE OF MICHIGAN  
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES  
Before the Director of Insurance and Financial Services

In the matter of:

██████████  
Petitioner

v

File No. 152661-001

Blue Cross Blue Shield of Michigan  
Respondent

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Issued and entered  
this 21<sup>st</sup> day of March 2016  
by Sarah Wohlford  
Special Deputy Director

**ORDER**

**I. PROCEDURAL BACKGROUND**

On March 14, 2016, ██████████ (Petitioner) filed a request with the Director of Insurance and Financial Services for an external review under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Director accepted the request on March 21, 2016.

The Petitioner receives health care benefits through a group plan underwritten by Blue Cross Blue Shield of Michigan (BCBSM). The benefits are described in BCBSM's *Community Blue Group Benefits Certificate and Rider CB-ET \$150 LG Community Blue Emergency Treatment Copayment Requirement* which amends the certificate to increase to \$150.00 the copayment requirement for emergency room services.

The Director notified BCBSM of the external review request and asked for the information it used to make its final adverse determination. BCBSM provided its response on March 24, 2016.

The issue in this external review can be decided by a contractual analysis. The Director reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

## II. FACTUAL BACKGROUND

On January 9, 2016, the Petitioner received treatment in the emergency department of [REDACTED] Hospital. She was then referred to [REDACTED] Hospital for eye surgery (repair of a detached retina) which was performed on January 10, 2016. BCBSM applied a \$150.00 copayment to the January 9 [REDACTED] Hospital emergency services.

The Petitioner appealed the application of the \$150.00 copayment through BCBSM's internal grievance process. BCBSM held a managerial-level conference and issued a final adverse determination dated February 29, 2016, upholding its decision. The Petitioner now seeks the Director's review of that adverse determination.

## III. ISSUE

Was BCBSM correct when it applied a \$150.00 copayment to the emergency room care the Petitioner received on January 9, 2016?

## IV. ANALYSIS

### Petitioner's Argument

In her request for an external review, the Petitioner wrote:

The doctor from [REDACTED] Hospital chose a doctor working out of [REDACTED] [REDACTED] for my retinal repair. Since that doctor does not practice at [REDACTED] I was required to be admitted into [REDACTED] the next morning for surgery. I don't believe I should be penalized because of these circumstances, and have to pay the \$150.00 copay.

### BCBSM's Argument

In the final adverse determination issued to the Petitioner, BCBSM wrote:

You are covered under the *Community Blue Group Benefits Certificate LG (Certificate)*. The *Certificate* is amended by *Rider CB-ET \$150 LG Community Blue Emergency Treatment Copayment Requirement (Rider)*. The *Rider* specifies that you must pay a \$150.00 copayment per visit to treat a medical emergency in a hospital setting.

You do not pay this copayment if:

- The patient is admitted, or
- Services are required to treat an accidental injury.

In your appeal letter, you indicate that you are appealing the deductible applied for the surgery you received on January 10, 2016. However during the managerial-

level conference, you clarified that the appeal is regarding the copayment applied for the emergency room service you received on January 9, 2016.

According to our records, you were not admitted to the hospital as inpatient and the service was to treat a medical emergency. As a result you do not meet the criteria to waive the emergency room copayment requirement. Because the contract requires that an emergency room copayment is applied for emergency room services, the \$150.00 copayment was applied appropriately. As a result, I am unable to make an exception on your behalf.

Director's Review

The Petitioner received emergency care in the emergency department of [REDACTED] Hospital on January 9, 2016. She was not admitted to a hospital after the emergency treatment was completed. Rather, she was referred to a different hospital for a surgical procedure to be performed the next day. In her appeal, the Petitioner does not claim that the [REDACTED] treatment was needed because of an accidental injury. Therefore, the \$150.00 emergency room copayment does apply and the Petitioner is required to pay this amount to the hospital.

The Director concludes that BCBSM's application of the \$150.00 copayment to the Petitioner's emergency room care on January 9, 2016, is consistent with the provisions of the benefit plan.

**V. ORDER**

The Director upholds BCBSM's final adverse determination of February 29, 2016.

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 sixty 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. 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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Sarah Wohlford  
Special Deputy Director