

## **Oxendine ruling “huge win” for physicians**

Georgia Insurance Commissioner John Oxendine recently announced that he has ruled in favor of Athens-based Northeast Georgia Cancer Care (NEGACC) over Blue Cross and Blue Shield of Georgia and Blue Cross Blue Shield Healthcare Plan of Georgia (BCBS) in a disagreement over the interpretation of Georgia’s “Any Willing Provider” law.

An April 7 press release that was issued by his office said that, “The ruling arises out of dispute filed in Oxendine’s office in late 2009 by NEGACC, a physician group that specializes in treatment of cancer and blood disorders. In the complaints, NEGACC claimed that BCBS was violating Georgia’s Any Willing Provider law by refusing to allow them to participate in the BCBS’s Preferred Provider Organization (PPO) and Health Maintenance Organization (HMO) networks.”

Of the development, MAG General Counsel and Director of Government Relations Donald J. Palmisano Jr. said, “This was a huge win for physicians in the state because networks will no longer be allowed to disrupt the patient-physician relationship or impede a patient’s continuity of care.”

Palmisano noted that MAG has been pushing this issue for years and recently filed an amicus brief supporting a number of member physicians who had been denied access to Blue Cross Blue Shield’s PPO and HMO networks.

He also pointed out that, “This is significant because Blue Cross Blue Shield of Georgia holds the majority of the market share of the private insurers in Georgia.”

In the release, Oxendine said, “I want to see, and I’m sure consumers want to see, more doctors in their health networks, not fewer. More doctors mean more choice for patients, and I think it’s clear that’s the intent of the Any Willing Provider law.”

The release also noted that, “Georgia’s Any Willing Provider law, O.C.G.A. § 33-20-16, grants doctors and health care providers who are licensed to practice and in good standing the right to become a participating provider.”

Oxendine said that he held a public hearing in his office on February 18 where he heard arguments from both parties on whether the Any Willing Provider law applied to PPOs and HMOs, adding that the matter was brought before the Commissioner after the Georgia Court of Appeals ruled that disputes concerning the regulation and supervision of HMOs were required to be filed with the Department of Insurance.

In its testimony during that hearing, MAG expressed its support for Any Willing Provider laws as sound public policy – and it refuted BCBS claims that Any Willing Provider laws increase costs.

Oxendine said his ruling ends a long-standing argument between the two companies regarding the scope of the law. However, he said that he has not ruled on the applicability of the law to HMOs in general – and he is reserving the right to do so in the future.

The release indicated that BCBS had 30 days to appeal the ruling.

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