



NEWS RELEASE

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OXENDINE RULES IN FAVOR OF DOCTORS IN DISPUTE WITH BLUE CROSS BLUE SHIELD

Atlanta – Insurance Commissioner John W. Oxendine announced today 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 law.

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.

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

Georgia's Any Willing Provider law, O.C.G.A. § 33-20-16, grants doctors and healthcare providers who are licensed to practice and in good standing the right to become a participating provider.

On February 18 of this year, Commissioner Oxendine held a public hearing in his office where he heard arguments from both parties on whether the Any Willing Provider law applied to PPOs and HMOs. 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.

The Commissioner's ruling ends a long-standing argument between the two companies regarding the scope of the law. However, Oxendine did not rule on the applicability of the law to HMOs in general, but reserved the right to do so in the future.

BCBS has 30 days to appeal the ruling.