NAME: **SS#:**
REGARDING:

UFCW Unions and Participating Employers Health and Welfare Fund

EMPLOYER:	Shoppers Food	**LOCAL:**	27
DATE OF HIRE:	November 6, 1998	**STATUS:**	Part Time
PLAN:	Y		

ISSUE: Hospital/Medical – Certified Registered Nurse Anesthetist, Late Appeal #M25/106-7260

FUND RULE:
"**Anesthesia Services**
The Fund covers the services of a Certified Registered Nurse Anesthetist ('CRNA') when administering anesthesia, but only if an anesthesiologist is not also administering anesthesia. If you receive anesthesia and the Fund is billed for the services of both a CRNA and an anesthesiologist for the same operation, the Fund will pay only the anesthesiologist, not the CRNA. Services of a CRNA are only covered if an anesthesiologist has not billed the Fund."
(Plan Y SPD, July 2018, Page 107)

"**Review of a Denied Claim**
If your claim is denied, you (or your authorized representative) may, within 180 days from receipt of the denial, request a review by writing to the Board of Trustees."
(Plan Y SPD, July 2018, Page 187)

SUMMARY:

Date(s) of Service:	August 20, 2024
Claim(s) Received:	September 5, 2024
Claim(s) Denied:	September 5, 2024
Appeal Received:	April 16, 2025 **(43 days late)**

The **participant** is appealing the denial of a claim for a CRNA (Certified Registered Nurse Anesthetist) for her spouse. The participant states, in summary, that they were expecting to pay a portion out of pocket but were shocked to receive this bill for anesthesia. The participant states they were aware that insurance would only cover an anesthesia doctor but were never told that there was going to be an anesthesia nurse involved with this procedure. The participant states had they been aware of this, they would have refused the nurse and/or the procedure entirely.

Fund records indicate Lifebridge Anesthesia Associates submitted claims for both an anesthesiologist and a CRNA that provided anesthesia services during the participant's spouse's surgical procedure on August 20, 2024. The Fund office paid the claim for the anesthesiologist, up to the limits of the Plan. The Fund office denied the claim for the CRNA.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

The UPS Store

9 Westminster Shopping Center
Westminster, MD 21157
410.871.9750 Tel
4108719755 Fax
store4641@theupsstore.com
theupsstorelocal.com/4641

Fax

To Blue Cross/Blue Shield
Company insurance
Fax number 4112683725
Date 4-16-25
Job number

From
Phone number
Fax number n/a
Total pages 2

Description:
Appeal for an unfair medical bill for an anesthesia nurse that was not authorized

To Blue Cross/Blue Shield,

My name is , I am an employee of Shoppers from which I have Care First/ Blue Cross/Blue Shield through U.F.C.W Unions & Participating Employers Health & Welfare Fund: member ID Prefix . I am writing to appeal a very large unfair bill from Life Bridge Anesthesia Associates LLC in the amount of $2475. My husband had a colonoscopy performed as an in/out patient at a hospital due to heart issues. We were expecting to have to pay a percentage out of pocket due to the fact it couldn't be done at the doctor's facility, however we were shocked to receive the bill I mentioned above. For years my husband and myself have been aware that my insurance will only cover an anesthesia doctor, much to our surprise we were billed for an anesthesia nurse along with the anesthesia doctor. We were never told that there was going to be an anesthesia nurse, had we been

aware of this we would have refused the nurse and/or the procedure entirely. I personally was in the prep room with my husband, Dr. Pandey, and the anesthesia doctor explaining everything and once again NO mention of an anesthesia nurse. This is so unfair, therefore I am appealing this charge, they have already sent it to a collection agency. This is so UNFAIR!! Please take care of this matter ASAP.

Thank you,

Associated Administrators, LLC
911 Ridgebrook Rd.
Sparks MD 21152

Explanation of Benefits - This is NOT a Bill
Please retain for Tax Purposes

Forwarding Service Requested

**********ALL FOR AADC 212
PB-DSM-22-ENV 31915 80

UFCW Unions & Part. Emp. H&W

If you have any questions, please call
(800) 638-2972

Statement Date: 09/05/24

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	Procedure	Amount Charged	Not Covered	Remark Codes	Amount Allowed	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: CXCN31			Patient:						Patient Acct. #:		
Provider: HICKEN CRANLEY DRS PA			Employee:						Employee #:		
08/20-08/20/2024	DIAG. LAB&X-RAY	1,480.00	1,015.90	A1	464.10	0.00	M	80	371.28	0.00	92.82
08/20-08/20/2024	DIAG. LAB&X-RAY	148.00	106.94	A1	41.06	0.00	M	80	32.85	0.00	8.21
08/20-08/20/2024	DIAG. LAB&X-RAY	148.00	118.74	A1	29.26	0.00	M	80	23.41	0.00	5.85
	TOTALS	1,776.00	1,241.58		534.42	0.00			427.54	0.00	106.88

Total Plan Benefit	534.42
Total Plan Pays	427.54
Less COB Adjustment:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	734.69

Dates of Service	Procedure	Amount Charged	Not Covered	Remark Codes	Amount Allowed	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: CXFC31			Patient:						Patient Acct. #:		
Provider: ANESTHESIA ASSOC LIFEBRIDGE			Employee:						Employee #:		
08/20-08/20/2024	OP ANESTHESIA	2,475.00	2,475.00	A1	0.00	0.00		0	0.00	0.00	2,475.00
	TOTALS	2,475.00	2,475.00		0.00	0.00			0.00	0.00	2,475.00

Total Plan Benefit	0.00
Total Plan Pays	0.00
Less COB Adjustment:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	734.69

Dates of Service	Procedure	Amount Charged	Not Covered	Remark Codes	Amount Allowed	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: CXFC46			Patient:						Patient Acct. #:		
Provider: ANESTHESIA ASSOC LIFEBRIDGE			Employee:						Employee #:		
08/20-08/20/2024	OP ANESTHESIA	2,475.00	2,091.06	A1	383.94	0.00	M	80	307.15	0.00	76.79
	TOTALS	2,475.00	2,091.06		383.94	0.00			307.15	0.00	76.79

Total Plan Benefit	383.94
Total Plan Pays	307.15
Less COB Adjustment:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	734.69

Claim	Line	Code	Description
CXCN31	01	A1	$1015.90 DISCOUNTED BY CAREFIRST. YOU DO NOT OWE THIS AMOUNT
CXCN31	02	A1	$106.94 DISCOUNTED BY CAREFIRST. YOU DO NOT OWE THIS AMOUNT

Claim	Line	Code	Description
CXCN31	03	A1	$118.74 DISCOUNTED BY CAREFIRST. YOU DO NOT OWE THIS AMOUNT
CXCN31			YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $2567.17.
CXCN31			YOUR COMBINED FAMILY OUT OF POCKET TOTAL IS $2874.87.
CXCN31			CAREFIRST BLUECROSS BLUESHIELD PROVIDES NO ADMINISTRATIVE OR CLAIMS PAYMENT SERVICES & DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS. NO BENEFITS ARE AVAILABLE FROM BLUE CROSS BLUE SHIELD PLANS & LICENSEES OUTSIDE OF THE CAREFIRST BLUESHIELD SERVICE AREA
CXFC31	01	A1	CERTIFIED REGISTERED NURSE ANESTHETIST NOT COVERED. SPD PG. 107
CXFC31			CAREFIRST BLUECROSS BLUESHIELD PROVIDES NO ADMINISTRATIVE OR CLAIMS PAYMENT SERVICES & DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS. NO BENEFITS ARE AVAILABLE FROM BLUE CROSS BLUE SHIELD PLANS & LICENSEES OUTSIDE OF THE CAREFIRST BLUESHIELD SERVICE AREA
CXFC46	01	A1	$2091.06 DISCOUNTED BY CAREFIRST. YOU DO NOT OWE THIS AMOUNT
CXFC46			YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $2643.96.
CXFC46			YOUR COMBINED FAMILY OUT OF POCKET TOTAL IS $2951.66.
CXFC46			CAREFIRST BLUECROSS BLUESHIELD PROVIDES NO ADMINISTRATIVE OR CLAIMS PAYMENT SERVICES & DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS. NO BENEFITS ARE AVAILABLE FROM BLUE CROSS BLUE SHIELD PLANS & LICENSEES OUTSIDE OF THE CAREFIRST BLUESHIELD SERVICE AREA

	Amount Charged	Not Covered		Amount Allowed	Deductible		Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
STATEMENT TOTALS	6,726.00	5,807.64		918.36	0.00		734.69	0.00	2,658.67

Appeal Rights

If your claim has been wholly or partially denied (as shown in the **Description** section on the front of this Explanation of Benefits, or "EOB"), you have the right to appeal this decision within 180 days of your receipt of this EOB. You may submit written comments, documents, and other information relating to your claim. You have the right to designate, in writing, a representative to act on your behalf. You must provide the Fund with the representative's name, address, and telephone number. The Fund will direct all future communications to the representative.

If the Fund relied upon an internal rule, guideline or protocol in making the decision, it will be available upon request, free of charge. If the Fund based its determination upon medical necessity, experimental treatment, or similar exclusion or limit, such explanation is available upon request and free of charge. If the Fund obtained any advice from a medical expert on the claim (even if the advice was not relied upon) the Fund will identify, upon request, the firm providing the medical expert's advice.

The Board of Trustees will review your appeal at its next scheduled meeting unless the appeal is filed within 30 days of that meeting, in which case it will be reviewed at the following meeting. If circumstances require more time for a decision, you will be notified in writing. The notice will describe the reason for the delay, and the approximate date a decision will be made. The decision will be made no later than the third Board of Trustees meeting following the date the Fund receives your appeal. The review will take into account all information you submit relating to your claim. The Fund will notify you in writing of the Board of Trustees' decision within five days after the decision is made. In the event your appeal is denied, you have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA).

If your situation meets the definition of urgent under law, your review will be conducted within the urgent time frames established by law. An appeal of an Urgent Care Claim denial may be oral or in writing. You or your doctor should supply all information for an Urgent Care Claim appeal by hand delivery to the Fund Office or by telephone to **1-410-683-6500, toll free 1-800-638-2972 or by fax to 1-877-227-3536.**

If your claim is denied, in whole or in part, you are not required to appeal the decision. Further, you have the right to file suit in federal or state court under Section 502(a) of ERISA on your claim for benefits. However, you must exhaust your administrative remedies by appealing the denial to the Board of Trustees before you have the right to file suit in state or federal court. Failure to exhaust these administrative remedies will result in the loss of your right to file suit, as described in the ERISA Rights statement in your Summary Plan Description. If you wish to file suit based on a denial of a claim for benefits, you must do so within three years from the date on which the Board of Trustees makes it final decision on appeal. Additionally, if you wish to file suit against the Fund or the Trustees, you must file suit in the United States District Court for the District of Maryland.

Should you have any questions about your appeal rights, please contact Participant Services at the number shown in your SPD, or mail your appeal to **"Associated Administrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152-9451, Attn: Appeals Coordinator"**. You may also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).