

No.

IN THE
Supreme Court of the United States

W. A. GRIFFIN, M.D.

Petitioner,

v.

HUMANA EMPLOYERS HEALTH PLAN
OF GEORGIA, INC.

Respondent,

ON PETITION FOR A WRIT OF
CERTIORARI TO THE
UNITED STATES
COURT OF APPEALS
FOR THE GEORGIA
COURT OF APPEALS

PETITION FOR A WRIT OF CERTIORARI

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QUESTION PRESENTED

1. Whether or not a medical provider who obtained a written assignment of benefit in accordance Georgia § 33-24-54 is required to obtain a consent or a “permission slip” from the fully-insured plan in order to have a valid assignment of benefit.¹

¹ Recently, the 11 th circuit has suggested that the State of Georgia does not have a mandatory provider assignment of benefit statue that expressly prohibits provider anti-assignment clauses. See Georgia § 33-24-54. See *Griffin v. Focus Brands, Inc.*, 635 Fed.Appx. 796 (2015); Here, Humana, the health insurer, dodges Georgia § 33-24-54, because the provider failed to obtain a permission slip or consent from the plan.

TABLE OF CONTENTS

	Page
QUESTION PRESENTED	i
LIST OF PARTIES	ii
TABLE OF CONTENTS.....	iii
TABLE OF AUTHORITIES.....	iv
OPINIONS BELOW.....	1
JURISDICTION.....	2
CONSTITUTIONAL AND STATUTORY PROVISIONS INVOLVED.....	3
STATEMENT OF THE CASE.....	4
REASON FOR GRANTING WRIT.....	5
CONCLUSION.....	6
APPENDIX A (Georgia Court of Appeals)	
Order January 10, 2019.....	1a
APPENDIX B (Supreme Court of Georgia)	1b
Petition denial	

1.

Petitioner respectfully prays that a writ of certiorari issued to review the judgment below.

OPINIONS BELOW

The opinion of the United States Court of Appeals of Georgia appears at

Appendix A to the petition and is

☐ reported at____; or, ☐ has been designated for publication but is not yet reported; or,

☒ is unpublished.

The denial of writ of certiorari from the Supreme Court of Georgia appears at

Appendix B to the petition.

2.

JURISDICTION

☒ For cases from state courts:

The date on which the United States Court of Appeals of the State of Georgia affirmed the case was January 10, 2019.

☒ No petition for rehearing was timely filed in my case.

☐ A timely petition for rehearing was denied by the United States Court of Appeals on the following date:_____, and a copy of the order denying rehearing appears at Appendix____.

☐ An extension of time to file the petition for a writ of certiorari was granted to and including_____(date) on____(date) in Application No. _____.

The jurisdiction of this Court is invoked under 28 U.S.C. § 1254(1).

☒ The date on which the Supreme Court Of Georgia denied the petition was September 3, 2019.

PROVISIONS INVOLVED**Georgia § 33-24-54. Payment of benefits under accident and sickness policies to licensed nonparticipating or nonpreferred providers**

...whenever an ... or self-insured health benefit plan, by whatever name called, which is issued or administered by a person licensed under this title provides that any of its benefits are payable to a participating or preferred provider of health care services licensed under the provisions of ... for services rendered, the person licensed under this title shall be required to pay such benefits either directly to any similarly licensed nonparticipating or nonpreferred provider who has rendered such services, has a written assignment of benefits, and has caused written notice of such assignment to be given to the person licensed under this title or jointly to such nonparticipating or nonpreferred provider and to the insured, subscriber, or other covered person; provided, however, that in either case the person licensed under this title shall be required to send such benefit payments directly to the provider who has the written assignment

STATEMENT OF THE CASE

Petitioner, W. A. Griffin, M.D., is a Georgia medical provider that obtained a written assignment of benefits for three patients that were participants in a fully insured health plan sponsored by Humana. The provider was not paid and brought a lawsuit against Humana on October 6, 2015. The case sat in Fulton State Court for two and a half years before the trial court determined that Dr. Griffin did not have a valid assignment of benefit. Humana convinced the trial court that Dr. Griffin failed to obtain permission from the plan in order to have a valid assignment. As such, on March 30, 2018, the case was dismissed due to lack of standing. And later affirmed by the Georgia Court of Appeals.

5.

REASONS FOR GRANTING THE PETITION

**I. THE SUPREME COURT MUST HEAR
THIS CASE IN ORDER TO RESOLVE A
CONFLICT BETWEEN THE STATE OF
GEORGIA LAW AND HEALTH PLAN
LANGUAGE THAT TRUMPS STATE LAW
IN THIS CASE**

Even though Georgia has a mandatory provider assignment of statute², the Respondent has been able to escape the intent of state law by incorporating "ghost" consent protocols that permit health plan language to trump state law. Is this legal? The clarification is critical, because the Fulton court decision would give every insurer and plan administrator the impetus to block valid assignments with consent protocols, permission slips, and rubber-stamped rejections for assignment requests.

²In the state of Georgia, the mandatory assignment of benefit state law is not etched in stone. The statute is valid in this case; however, this state law is subject to various ways that it can be interpreted.

6.

CONCLUSION

For the reasons set forth above, the Petition for Writ of Certiorari should be granted.

Respectfully Submitted,

 12/1/2019

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