

# IMPORTANT NOTICE ABOUT RECENT INSURANCE CHANGES THAT WILL AFFECT YOU

## PLEASE READ CAREFULLY

October 3, 2009

After many years of work on the part of concerned individuals, mental health advocacy groups and consumer health organizations, the Mental Health Parity Act has finally been passed by Congress and passed into law. This new "Parity" legislation mandates that patients have the same insurance coverage for their mental health needs as they do for all their other medical needs. The purpose of the new legislation is to improve access to mental health care through outlawing financial discrimination by insurance companies.

Unfortunately, Blue Cross and Blue Shield of Florida has chosen to respond to the new Parity law by announcing that they will be substantially increasing the amount of red tape required before patients will be allowed to begin or continue receiving mental health services. They announced their intentions in the form of an ultimatum to psychiatric providers---either agree to these changes by June 24, 2009 or be terminated from the preferred provider network. We received this letter on June 8, 2009.

By signing this agreement we would be agreeing to unequal treatment for my patients, as no other specialty is impacted other than psychiatry. It is clear that the increased amount of time our providers and staff will have to spend meeting these new bureaucratic demands will substantially increase our operational costs. Faced with these alternatives, we have decided that we cannot accept this new BCBSF provider contract.

**As a result, we expect that by January 1, 2010 we will be terminated from the BCBSF provider network.**

These unfortunate actions by BCBSF are mitigated to some extent by a recent change in Florida law regarding how insurance companies pay out-of-network health care providers. Governor Charlie Christ recently signed into law Florida State bill 1122. This law mandates that, beginning July 1, 2009, insurance companies must make payments directly to health care providers when authorized by patients. As a result, patients will no longer be required to pay full visit costs to out-of-network providers and then have to self-submit reimbursement claims.

(You can learn more about this new law at [www.leg.state.fl.us/statutes](http://www.leg.state.fl.us/statutes).) However, you will need to get visits to us pre-authorized by BCBSF. There will be a form for this on the BCBSF website. Your out-of-pocket expense will be greater than it is at present.

## **How these changes will impact our patients with Blue Cross Blue Shield of Florida:**

We can continue to offer treatment to you as an out-of-network provider, but we would no longer be able to accept in-network co-pays. With your authorization, however, our office would still be able to file claims with BCBSF for you. These claims would be reimbursed at the reduced out-of-network rate and you would then be responsible for the difference between this rate and the visit charge. BCBSF will not pay anything without pre-authorization.

If you decide to change to an in-network provider, we will help you with that transition in any way we can.

We will be updating you as soon as new information is available and we encourage you to express any concerns about these new policies directly to BCBSF and to your elected representatives. We have enclosed relevant contact information and we also encourage you to discuss this with us at your next visit. Our staff is available by phone to answer more immediate questions. We appreciate your understanding. We will do our best to help you through any difficulties caused by this change.

Sincerely,

Louise I. Buhrmann MD, PA  
Jairo R. Nunez, MD, PA

### **Important Contact Information for BCBSF**

Blue Cross and Blue Shield of Florida  
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