

BCBS Information

Q. How can I be accepted on an insurance panel if they say the panel is closed. Can FPA do anything about this?

A. By definition preferred panels don't include everyone and that as long as this model is not illegal there is no right to be on a panel. Some restrict based on number of years in practice, or databases of utilization patterns. That said, polite and reasonable persistence in re-applying (not every month), garnering letters of support from prominent physicians on the panel who wish to refer to you, and highlighting particular specialties or known difficulties in people accessing services or listed providers not being available or retired are appropriate. Unless there is some discrimination based on race, religion, gender etc there is no cause for action.

Some specialty areas you may want to highlight include treatment of special populations such as substance abuse addiction, gambling addiction, eating disorders, treatment of children and adolescents, and geriatric specialization may increase your marketability to insurance companies. Special skills such as being able to provide treatment in a second language or to diverse cultures is also helpful. Willingness to participate in outcome measures is also looked upon favorably.

APA's Practice Organization has Practice Management Toolkits including a Managed Care Reimbursement toolkit which has some helpful hints. It can be found at http://www.apapractice.org/apo/insider/practice/resources/resources_publications/apapractitioner.html#

Since Preferred Provider Organizations operate as private businesses under the regulation of the Agency for Health Care Administration and the Department of Financial Services, and are allowed to limit their provider panels, at this point FPA has little influence over their acceptance practices