

Some of you have asked for more detail on the BCBS mental health parity issue. For those who have received the Mental Health Parity amendments from BCBS please note the amendments must be received **by June 24, 2009**. FPA has investigated if there is any way to extend this but so far it is best to honor this date if you are interested in retaining your inclusion in BCBS. Your contract with BCBS will be terminated if you do not adhere to the deadline.

A couple of years ago the FPA Insurance Committee researched the impact of Federal Mental Health Parity on insurance plans through a conference call with the Department of Health Care Policy at Harvard Medical School. We found when parity was implemented as many as 60% of PPO plans went managed care for cost savings. It looks like that's what is happening here.

Mental Health Parity means that insurance companies requires parity or equality in Financial requirements such as cost sharing (deductibles and co-pays) and Treatment limitations, which includes frequency of visits, number of visits and days of coverage. Medical necessity criteria can be imposed but must be made clear to the plan administrator. Some folks may remember a BCBS plan that had a \$600 benefit and a \$500 deductible for mental health, that won't happen any more.

The managed care and medical necessity criteria aspects means they can utilize authorizations, and treatment plans to control costs. The insurance companies think that demand for mental health services will increase since they will have to cover more visits. To control costs of more visits and higher cost per visit, (since co pays have to be the same as medical co pays), they implement managed care strategies.

One positive note is that at least behavioral health management has not been carved out to some of the tougher to deal with huge managed care companies, as it has in other states. Those carve out companies not only manage the benefits but also reduce reimbursement rates.

The outpatient treatment report and authorization system may be managed electronically so that if you are on Availity and already check benefits and submit claims electronically it may only involve a few extra steps. The most difficult part is keeping track of your sessions and getting in the next Outpatient Treatment report on time. See the article at <http://www.healthnewsflorida.org/index.cfm/go/public.articleView/article/12528>, for more information.

The phone number for people who have not received a letter yet or for any questions about the new "contract" is 1-800-727-2227.

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