

Florida Psychiatric Society
521 East Park Avenue
Tallahassee, FL 32301
(850) 222-8404

Florida Psychological
Association
408 Office Plaza Drive
Tallahassee, FL 32301
(850) 656-2222

Memo

To: FPS Members
FPA Members

From: Margo Adams, Executive Director, FPS
Connie Galietti, Executive Director, FPA

Date: December 18, 2009

Subject: Blue Cross Blue Shield

Members,

This communication is being issued jointly by FPS and FPA. The leaders of these two organizations have been partnering since June to advocate on your behalf regarding the rather abrupt notice of proposed changes to BCBSF contracts. This update is for our members who have agreed to continue as contracted providers with Blue Cross Blue Shield of Florida.

Common concerns have initially focused on burden to the provider, the form of the requested treatment plan, the number and distribution initially approved visits, and the adequacy of Availity, the online system for advising patient eligibility and benefits. Members of both organizations have also raised other issues that remain on the discussion agenda.

First, initial communication. BCBSF representatives have acknowledged the awkwardness of initial communication regarding their proposed contract amendment. The deadline for response has been postponed twice. It is now December 31, 2009.

Next, visits and patient authorization. Eight visits are authorized following notification that you are seeing an insured patient. A treatment plan will be requested after 8 visits. IF you are sharing visits with other mental health care providers, please note that the visits accrue to the patient. The first provider to see the patient during a plan year gets all 8 visits. If you come along next, and the patient is new to you, you will be asked to complete a treatment plan. Complete the requested information and for goals of treatment, identify "assessment" and request two visits. If the patient is not new to you, complete the treatment plan, identify the goals of treatment and request the number of visits you think you will need for that patient's treatment with you that plan year.

You will not be notified if a patient is seeing another therapist. You will simply be asked for a treatment plan when the patient has completed 8 visits with any combination of therapists, or if you are not the first therapist that patient sees.

Then, Availity. Federal parity legislation potentially impacts businesses with more than 50 employees. To know whether your patient is one of those people, you need to check his or her eligibility and benefits by phone or online through Availity.

Not all patients have parity benefits yet. Only about 10% of BCBSF groups have it in their contracts at this time. As groups renew, the parity implementation provisions are being added to contracts. Many of those contracts renew in January, and that is when those provisions will be added. The way to tell if they will require those provisions is to run an Eligibility and Benefits query and in the drop down box for types of benefit requested, select Psychotherapy. If there is a message in that drop down box that advises authorization is required, then that person will need authorization.

If the drop down box does not advise that authorization is required, it should not be required for that visit. *However*, if the patient's group has not renewed, and there is no message in the Eligibility and Benefits page, you may want to determine renewal date by looking at the "Plan begin" and "Plan end" dates on that page. Offices should routinely check the Eligibility screen on the day of a patient's appointment to see if authorization is required.

Please note, BCBSF will not update their system until a "plan begin" date or the day after so even if you log in on January 1, 2010, you

might not see current eligibility and benefits information. BCBSF recommends going to Availity on Jan 2 or 3 to request authorizations.

Since providers continue to have difficulty with Availity, BCBSF has promised to create a training webinar and a more detailed tip sheet. We have repeatedly advised the difficulty this new traffic on a website that is still not prepared will create for our members.

No leniency. Providers are required to notify BCBSF through Availity no later than the day following service to the patient. They prefer that you complete the necessary process before you see the patient, but they do give you until the end of the next day to enter the information. **Please note that failure to complete this step within the timeframe will result in automatic denial of your claim for payment.** You may appeal that decision, but you are limited to one appeal.

How to get information. BCBSF has provider representatives to walk you through the process. You may contact Darlene McAllister, Provider Relations Specialist at 800-727-2227 x59224 or 850-505-9224.

Finally, keep us in the loop. Even though you may need to call BCBSF to solve immediate problems with patients in your offices, please take an additional few minutes to advise FPS and FPA as well. We intend to schedule follow-up meetings as the process unfolds and need to know what went wrong and what went right, and how to get any remaining problems solved.

We share in your frustration with this entire situation and endeavor to remain informed and involved.