IMMEDIATE ACTION NEEDED PLEASE CALL TODAY!!!

The ISMA Government Relations Department is contacting you today to ask for your help in communicating our position of **support to your legislators** for two initiatives being planned for the 2009 General Assembly.

1. Assignment of Benefits - It is important to allow a patient the right to choose where they assign their out of network insurance benefits. Please be sure to remind the legislator that this language would require an insurer to comply with its insured's wishes if the patient elects to seek services from an out of network provider and then assign their reimbursement benefits to that health care provider.

The Bill will not change the patient's or the insurer's current financial responsibility for out of network services and will not harm health care networks.

This bill only changes where the reimbursement check is sent.

- The bill requires a **provider** to notify the patient that they are out of network **and** that they may be billed for amounts not covered by their insurer.
- If after notification the patient still wants the out of network services, it is the
 <u>patient's choice</u> as to whether or not he/she wants to assign his/her benefits
 to the provider.
- 2. Ban on Open Access Clauses in Insurance Contracts Some insurer's standard contracts require a physician to keep his/her practice open to new patients of the insurer. The insurer states that this contract provision is non-negotiable, and applies regardless of the number of the insurer's patients already in the physician's practice. Under these types of provider contracts, the only alternative is for the physician to close his practice to all new patients. These "Open Access" clauses make it impossible for a physician to re-balance that payer mix without putting the practice into an economic death spiral and without cutting off access to patients covered by other payers.

Please place your call today and let your legislator hear from you regarding these to issues. Talking points and the number to call are provided through this email.

We are also encouraging practices to update the attached flyer with the appropriate contact information for your local legislators and place it in their waiting room to educate your patients on the assignment of benefits issue and encourage them to place a call as well. Now is the time for the legislators to hear from their constituents regarding legislative issues. Please contact us (317.261.2060) if you require the legislator contact information.

Thank you for your participation in this early grassroots effort to inform your legislators!!!!!!!!!

THE ISMA GOVERNMENT RELATIONS TEAM

PLEASE CONTACT YOUR LEGISLATOR TODAY

Insurance companies have begun the practice of not recognizing the patient's right to choose and are now blocking the patient from assigning their benefits to their physician.

Why would insurance companies refuse their own customer's request to send payment directly to an out of network provider? The answer is the insurance companies are trying to force the physician to join their network.

Physicians most often choose to be part of a health care network. The main incentive for physicians to participate in networks is to exchange a discount on health care services for a certain volume of patients. However, some physicians choose to leave the insurance network due to poor payment, an insurer's unsound medical policy or administrative burden.

The proposed legislation for the 2009 General Assembly will not raise health care costs nor will it harm health care networks despite what insurance companies might tell you.

Please call to your local legislator to let them know you are in support of reducing your insurance administrative hassles by stopping the practice of insurance companies from denying your right to assign your insurance benefits to your physician.

Sincerely,

The Indiana State Medical Association

House Representative
Phone Number:
House Representative
Phone Number:
State Senator
Phone Number:
State Senator
Phone Number: