

December 2002

To: **Michael Stocker, M.D.**  
President and CEO  
Empire Blue Cross Blue Shield

cc: **Gregory Serio**  
NYS Commissioner of Insurance

**Eliot Spitzer**  
NYS Attorney General

**I PROTEST!**

**This is to protest Empire's recent policy change (effective November 1st, 2002) subjecting all my claims for high level (extended or complex) evaluation and management services to a computerized program that changes such bills to reflect a different lower paying service. This amounts to your deeming such high level services as non-covered without the benefit of any prior review of the patient's record.**

**The so-called right of appeal provided for by Empire is designed to operate in such an onerous way that it effectively renders such a procedure meaningless. That is to say that I will now be required to screen every paid remittance to detect these improper payments, locate and copy the patients' records, and then prepare and submit appeals. The cost to my office in administrative time and expense will equal or even exceed the amount that I can expect to receive were I to prevail on appeal.**

**By subjecting me to this new and arbitrary payment avoidance policy you are depriving your enrollees of benefits they are legitimately entitled to. Apparently Empire Blue Cross is counting on the fact that as a participating physician I will not go through the expensive administrative hassle you have created and, therefore, allow you to get away with refusing to pay for legitimate and medically appropriate claims.**

**At a minimum, as provided for in my contract, please *immediately provide me with the list of diagnoses for which Empire no longer covers high level evaluation and management services* so that I can advise my Empire covered patients in advance that these services are not covered by their policies.**

**Absent provision of this specific information, I will only be able to provide my Empire covered patients with a very general notice that Empire may not cover the services that I deem medically necessary and appropriate for their treatment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

**Please complete and fax to POCLI at (516) 487-2530.**