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**Highmark Blue Cross Blue Shield Pennsylvania Response to 2024 Payment Cuts**

**Template Letter for Providers**

This letter is intended for speech-language pathologists (SLPs) to express their concerns to their Highmark Blue Cross Blue Shield Pennsylvania (Highmark PA) provider managers regarding the recent reduction in reimbursement rates.

**Who should I send it to?**

The primary address for Highmark PA is included in the template. Please fill in the name of your insurance representative, as they vary from one provider to the next. You can email this letter to your provider representative at Highmark PA. If you don’t know your provider representative, check your contract or provider account or contact [Highmark PA directly](https://providers.highmark.com/content/dam/highmark/en/providerresourcecenter/pdfs/claims-authorization/hpm-quick-reference.pdf).

**What should I say?**

Carefully review your contract with Highmark PA and determine how this change will affect your practice. This letter offers a blueprint, but you should add a personal touch to the letter to strengthen your message. There are also prompts within the letter to include information unique to you. Information from these articles may be useful in bolstering your message:

* [Kaiser Family Foundation: *How Much More Than Medicare Do Private Insurers Pay? A Review of the Literature*](https://www.kff.org/medicare/issue-brief/how-much-more-than-medicare-do-private-insurers-pay-a-review-of-the-literature/)
* [Congressional Budget Office: *The Prices That Commercial Health Insurers and Medicare Pay for Hospitals’ and Physicians’ Services*](https://www.cbo.gov/system/files/2022-01/57422-medical-prices.pdf) *[PDF]*

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[Date of Submission]

[Name of Insurance Representative]

Highmark Blue Cross Blue Shield Pennsylvania

620 Stanwix St

Pittsburgh, PA 15222

Re: Highmark Blue Cross Blue Shield Pennsylvania’s Recent Payment Cut for Speech-Language Pathology Services

Dear Provider Relations Department:

I have been an enrolled provider for the last [number of years] years and have [number of years] years’ experience practicing as a speech-language pathologist. Currently, I serve [number of patients you see with this insurance] patients with Highmark PA. I am writing to express my concerns about the recent reduction in my payment rates for [list the CPT codes that have reduced rates].

The proposed payment changes do not reflect the value of the services I provide, nor do they meet my practice expense needs, especially in a time of inflation. The Medicare Economic Index expects a 4.6% inflation in medical practice costs in 2024 alone. Under this updated fee schedule, I would lose [calculate and share the amount of loss you would experience under the updated fee schedule].

[Use information from the articles linked above to help bolster your arguments for your ideal payment rate.]

A reduction in payment at this time would [explain how this will impact your practice and the actions you will need to take if this payment change takes place].

[Add specific questions you may have regarding the changes and their impact on your provider contract as needed.]

Thank you for your time and attention to this important matter.

Sincerely,

[Provider’s name]

[Practice name]

[Address]

[City, State Zip]

[Phone number]

[Email]

[NPI]