Protect Your Access to Mental Health Care

A Guide to Filing a Consumer Complaint with Michigan's Department of Insurance and Financial Services (DIFS)

Are you concerned about losing access to your mental health provider because of a Blue Cross Blue Shield of Michigan (BCBSM) policy change?

Beginning **March 1, 2027**, BCBSM plans to end reimbursement for mental health services provided by limited-license practitioners through "incident-to" billing in private practice settings.

This change could prevent you from continuing treatment with your current mental health provider through your BCBSM insurance, potentially disrupting an established therapeutic relationship and limiting your access to care.

If your care will be affected, you can contact the Michigan Department of Insurance and Financial Services (DIFS) to file a consumer complaint. You do not need to wait until your care has been interrupted to raise your concerns.

Why File a Complaint?

DIFS is the state agency responsible for regulating insurance companies and protecting insurance consumers in Michigan.

DIFS has indicated that consumer complaints are needed to support an investigation into BCBSM's incident-to billing policy change.

By filing a complaint, you can:

- Document how the policy change affects your access to mental health treatment.
- Raise concerns about losing your current provider or experiencing interruptions in care.
- Request that DIFS investigate whether BCBSM's policy complies with applicable insurance requirements.
- Help DIFS understand the impact of this policy on Michigan consumers.

You do not need to be an insurance expert to file a complaint. The most important thing is to explain how this policy change will affect your care.

Step 1: Gather Your Information

Before contacting DIFS, gather the following information, if available:

- Your BCBSM insurance card and member ID.
- The name of your mental health provider or practice.
- Any notices or communications about the March 1, 2027 policy change.
- Any information BCBSM has provided about your coverage.
- A brief explanation of how losing access to your provider would affect your treatment.

We also encourage you to contact BCBSM directly using the member services number on your insurance card. Ask whether your current mental health services will remain covered after March 1, 2027, and what options are available to continue treatment with your provider.

Keep a record of the response you receive. You can still contact DIFS if you have not received an answer from BCBSM.

Step 2 (Option 1): File Your Consumer Complaint Online

DIFS Online Consumer Complaint Form:
https://difs.state.mi.us/Complaints/FileComplaint.aspx

1. Enter your personal information.

In the “About You” section, provide your name, contact information, and other required details.

2. Authorize any other involved person(s) or company(ies)

In the “Other Involved Person(s) or Company(ies)” section, identify and authorize others who DIFS may discuss your complaint with such as your family member, attorney, provider, etc.

3. Identify your insurance company.

In the "Who Is Your Complaint Against?" section, select “Insurance,” then “Health,” then type “Blue Cross Blue Shield of Michigan.”

3. Describe your complaint.

In the "Details of Your Complaint" section, explain how the March 1, 2027 policy change affects your access to mental health treatment.

You can use the suggested language below and personalize it to reflect your experience.

SUGGESTED "DETAILS OF YOUR COMPLAINT" LANGUAGE

I am a Blue Cross Blue Shield of Michigan member currently receiving mental health treatment from a limited-license provider under clinical supervision.

BCBSM has announced that, beginning March 1, 2027, it will no longer reimburse certain mental health services provided through incident-to billing in private practice settings.

I am concerned that this change will prevent me from continuing treatment with my current provider through my insurance.

[Briefly explain how your care will be affected. For example: how long you have been seeing your provider, whether you have been informed that your appointments will no longer be covered, or whether you will need to find a new provider.]

Continuity of care is important to my mental health treatment. I have established a therapeutic relationship with my current provider, and losing access to this care could disrupt my treatment and progress.

I am concerned about my ability to find another qualified, accessible provider who accepts my insurance without experiencing delays or interruptions in care.

4. Describe your desired outcome.

In the "Describe Your Desired Outcome" section, you can use the suggested language included below.

SUGGESTED "DESIRED OUTCOME" LANGUAGE

I am requesting that the Michigan Department of Insurance and Financial Services (DIFS) investigate whether Blue Cross Blue Shield of Michigan's March 1, 2027 incident-to billing policy change complies with state and federal mental health parity laws, including:

- Michigan's Mental Health Parity Law, MCL 500.3406hh, which requires applicable health insurance policies to apply nonquantitative treatment limitations to mental health and substance use disorder benefits using processes, strategies, evidentiary standards, and other factors that are comparable to, and applied no more stringently than, those used for medical and surgical benefits.
- The federal Mental Health Parity and Addiction Equity Act (MHPAEA), 42 U.S.C. § 300gg-26 and 29 U.S.C. § 1185a, which establishes protections against unequal treatment limitations on mental health and substance use disorder benefits.

I am particularly concerned that BCBSM's restrictions on reimbursement for services provided by supervised, limited-license mental health professionals may constitute a nonquantitative treatment limitation (NQTL) that restricts access to mental health care in ways that are not comparable to restrictions on medical and surgical services.

Under MCL 500.3406hh(5)(c) and 45 C.F.R. § 146.136(c)(4), NQTLs include certain restrictions involving provider participation, reimbursement standards, provider specialty, and facility type. I request that DIFS specifically evaluate whether BCBSM's incident-to billing policy constitutes an NQTL under these provisions and, if so, whether the standards used to develop and implement this restriction are comparable to those applied to medical and surgical benefits.

I also request that DIFS obtain and review BCBSM's applicable NQTL comparative analysis, including the standards governing reimbursement for services delivered by supervised medical and surgical providers, to determine whether this policy meets mental health parity requirements.

If DIFS determines that the policy violates applicable law, I request that it take appropriate regulatory action to protect access to necessary mental health treatment and prevent unnecessary interruptions in care.

Step 2 (Option 2): Call DIFS to File a Consumer Complaint

DIFS Consumer Services: 877-999-6442
Monday–Friday, 8:00 AM–5:00 PM EST

If you would rather speak with someone, or need assistance filing your complaint, you can contact DIFS Consumer Services.

DIFS has informed our coalition that consumers may call at any time to raise complaints about the policy change, including before March 1, 2027.

When calling, explain that you want to file a formal consumer complaint about an anticipated disruption to your mental health care. Ask whether an additional written submission is needed.

SUGGESTED PHONE SCRIPT

"Hello, my name is **[Name]**, and I'm a Blue Cross Blue Shield of Michigan member.

I'm calling to file a consumer complaint about BCBSM's March 1, 2027 incident-to billing policy change.

I currently receive mental health treatment from a limited-license provider, and this change will affect my ability to continue receiving care through my insurance.

[Briefly explain how your care will be affected, including any expected interruption in treatment, difficulty finding another provider, or concerns about losing your established therapeutic relationship.]

I'm concerned that this policy will disrupt my mental health treatment and limit my access to covered behavioral health services.

I would like DIFS to investigate this policy change and its impact on my access to care. Can you help me formally submit this as a consumer complaint?"

Before You Hang Up

Ask the DIFS representative:

1. **Has my concern been formally recorded as a consumer complaint?**
2. **Will I receive a complaint or reference number?**
3. **Is there anything else I need to submit for DIFS to review my complaint?**

Write down the date of your call, the representative's name (if provided), and any instructions or reference numbers you receive.

What Happens After I File?

DIFS may review your complaint, request additional information, contact your insurance company, or provide guidance about your insurance rights and available options.

Filing a complaint does not guarantee that BCBSM will reverse its policy or that your individual coverage will be restored. However, consumer complaints help document the impact of insurance decisions and provide information DIFS can consider in a regulatory review.

Keep a record of your complaint and any correspondence from DIFS. If you receive a denial of coverage, you may also have additional insurance appeal rights.

Please note: DIFS's authority may vary depending on your health insurance plan. If you have a self-funded employer health plan, DIFS can help you identify the appropriate resources.

Additional NASW-Michigan Resources

- Learn more about the policy change and ongoing advocacy efforts: **bit.ly/ProtectPrivatePractice**
- Take and share the **CLIENT SURVEY** [*PDF/QR Code Version*]
- Call BCBSM Member Services directly: **CLIENT BCBSM CALL SCRIPT**
- To get more involved, join our community organizing **Slack Channel**!