

Victories Along the Road to Parity



WASHINGTON STATE COALITION OF
MENTAL HEALTH PROFESSIONALS AND CONSUMERS

Advocates for Ethical Mental Health Care

www.wacoalition.org

Summer 2014

Regence Survey

Dear Coalition Members,

The results from our Regence membership follow-up survey 5/28-6/4/14 show a definite improvement in clinician reimbursement for CPT codes 90834 and 90837, from similar information gathered in April.

Sue Wiedenfeld, PhD, Coalition Chair; Karen Hansen, LICSW, WSSCSW President; and I had a conversation today with Catherine Blackwell-Garner, Mark Lenetsky, and Gorgy Gonzales of Regence administration today. The following issues were discussed as a result of the Survey:

- The 'diagnosis' after

one visit is meant to be a placeholder to get the patient and therapist into the reimbursement system. Any NOS diagnosis will be accepted, and the diagnosis can be adjusted as the treatment progresses.

- Availability is the administrative processing company for Regence in mental health—some respondents said they had trouble contacting Availability, which is where in-network and out-of-network clinicians should sign up for payment.
- If anyone has trouble

contacting Availability, in-network and out-of-network, they should call Regence provider relations consultant Yusef Ali.

There will be some major positive changes to the way that Regence does authorization for mental health treatment in the next two weeks, and Regence will be sending a letter detailing the changes shortly.

I will continue to collect data on the way that Coalition members experience working with Regence.

Laura W. Groshong,
LICSW
Coalition Lobbyist



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Coming Event

**Suicide Assessment
and Treatment**

September 13, 2014

or

November 15, 2014

Glaser Auditorium
Swedish Hospital
747 Broadway
Seattle 98122

From the Chair

**Sue Wiedenfeld, PhD
Chair**

Dear Coalition members,
Happy summer! I hope you are enjoying the sun in Seattle.

Survey

Thanks to all of you who participated in the survey our lobbyist, Laura Groshong, sent out a few weeks ago regarding concerns members have had with Regence restricting the use of 90837 sessions. Using the data collected, Laura,

Karen Hansen (Washington Clinical Society for Social Work President), and I had an hour-long conference call with Regence's Behavioral Health leadership about the concerns expressed related to restrictions on the use of 90837 sessions. We are happy to report that members have been letting us know that they have

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been getting paid for previously-refused sessions (in full), and other related issues appear to be resolved. The Coalition, as an advocacy group educated to preserving and protecting quality mental health, is, of course, thrilled with this outcome.

Regence and Group Health

Please also find in this newsletter our report from a very recent follow-up meeting with Regence (page 1) as well as a report from our very first meeting with our contacts in Group Health Behavioral Health (article on page 6).

Do continue to contact us directly or through the helpline (444-4304) with any similar issue related to appropriate mental health

care or reimbursement. This is the work we are passionate about and ready to work on for Coalition members.

Thanks to each of you for your important input related to this Regence survey as well as the recent Group Health Survey.

ENR and Frugal Practitioner

In this newsletter you can review some of the useful information shared at the ENR and Running a Frugal Practice presentation in late March.

Suicide Assessment and Treatment

We are happy to announce that we are setting up **two more Coalition-sponsored Suicide Assessment and Treatment dates** for the

fall (**Sept 13 and Nov 15**) with Robin Shapiro, LICSW. Those who attended the first presentation on May 16 gave Robin high marks for her interesting and most informative presentation. Robin has a way of integrating many approaches into her conceptualization and treatment recommendations. Those who attended gave rave reviews.

Also, future presentations **will offer CEs for psychologists and CMEs for physicians and ARNPs in addition to** continuing education for Master's level folk. Do spread the word.

Sue Wiedenfeld

Join the Coalition
Dues
Member \$65
Student \$15
Consumer Free
Mail to
P O Box 30087
Seattle, WA 98113-2087

We've Gone GREEN!

Dear Coalition Members,

We have moved to an all electronic version of our newsletter. This will help us save valuable resources—financial and environmental! Although many of our members voiced a preference for this format, we will continue to send out a paper version of the newsletter, if requested.



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Frugal Practitioner

December's Frugal Practitioner presentation by Robin Shapiro, LICSW, Rob Odel, LICSW, and Heidi Wasch, PhD, was informative for those able to attend. Some suggestions addressed improving the business aspects of your practice; others spoke to expanding your recognition (and consequently referral base) in the community.

In case you missed it, here's a summary of some of the interesting and useful suggestions that were made.

- Read *Building Your Ideal Practice: A guide for therapist and other healing professionals* by Lynn Grodski.
- Get a website and, at a minimum, put your photo on it. It goes without saying that, if you want to attract clients who are not of retirement age, you need a website. Check out this review of website builders: <http://www.digitaltrends.com/computing/best-website-build-websites-free/>
- Consider getting rid of the landline (if you haven't already) and get a cell phone.
- Share office space or sublet. Saves money, and you have other therapists around for potential referrals. Some folk exchange offices with another therapist one day a week just to expand their practice area. (If you do this, be sure your business insurance covers you in both places.)
- Keep track of expenditures and revenue. Know what your actual income is, and be aware that new therapists may have to have a job that supports their practice until it builds into a viable business.
- Market yourself. Tell a lot of people what you are good at. Develop an area of expertise, one that you are good at and love to do.
- Get on every insurance panel that pays reasonably well. Robert Odell added that if you can't get on a

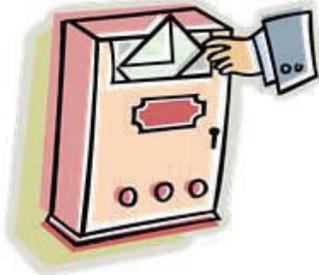
panel, get on the EAP list. If you have trouble getting on a panel, get physicians or mentors to write letters for you letting the insurance company know they want to be able to refer to you.

- Establish your expert credentials by blogging, using Twitter, or doing presentations. Keep your professional presence on social media professional: be careful not to "friend" clients on Facebook or reveal personal information. Never be negative about fellow professionals on social media—you can't go back and erase it.
- Go to professional networking groups and don't be shy about talking. Put some effort into getting known, either through presentations, teaching, or writing books.
- Get on referral services such as Psychology Today, and ones that are specific to your specialty. The more visible you are, the better.
- Join a consult group—create one or join a free peer consult group where you aren't the most knowledgeable member (so you can learn something). If you want individual consultation, choose someone who is supportive. The work is difficult as it is so don't settle for consultation that makes you feel less, not more, competent.
- Never be done learning. Learn a variety of therapies by going to workshops. It will help keep you refreshed by new ideas and able to assist more types of clients.
- There are web-based fax services some therapists find helpful. Several recommended were: sfaxme.com and faxaway.com.
- If you use Square for credit-card billing, remember it isn't HIPAA-compliant if you e-mail the receipt.



If you are not getting E-mails about our events, please E-mail us with your CURRENT E-mail address: wacoalition@frontier.com. This is the best way to get Coalition news.

CONTACT US
E-mail: wacoalition@frontier.com
Website: www.wacoalition.org



Hello,

I understand that I need to get 6 hrs of Continuing Education in Suicide Prevention to keep my license up to date for the State of Washington. Is the Coalition providing this training & CE's?

Grateful for your advocacy

Dear GFYA,

YES! The Coalition is offering this training three times this year. The first training was in May and was very well received.

The training by Robin Shapiro, LICSW, will provide the required 6 CE's for Social Workers, Counselors, and MFTs. After September, we will also have CE's for psychologists and MD's. The next training is: September 13 at Swedish Hospital, Glaser Auditorium. Parking is available at Swedish. Cost for the workshop is \$140 for Coalition members, \$150 for non-members.

Robin Shapiro, LICSW, is a lively and engaging trainer. She will cover risk assessment and etiology; management of suicidal clients; treatment of underlying issues; treating families and friends of suicides; therapists who lose clients to suicide; legal and reporting issues.

Robin brings her depth of experience to her role as trainer, including her work at three crisis lines and directing a day treatment program for

seriously mentally ill adults. She is also the author of three books about trauma therapy. She has a thriving private practice and has trained and consulted for hundreds of clinicians.

You can find out about these trainings and register online at:

www.wacoalition.org

See you there!

Dear Seasoned Therapist,

I am dismayed. I thought the Washington Mental Health Parity Act of 2006 and the federal Mental Health Parity and Addictions Equity Act of 2008 addressed the unequal coverage of medical and mental health/addiction treatment by insurers. Instead, I've experienced increasing limitations on my practice of mental health counseling. This includes limits on the codes I am using for diagnoses, my treatment methods, the frequency of sessions, and length of treatment. When I appeal decisions to the insurers, in my discussion about authorizations or reviews or extension of services, it often seems that I am not speaking with a trained mental health clinician, but rather someone who is reading from a boilerplate-

driven questionnaire focusing on 'evidence based decisions.' They seem determined that the goal of counseling is to return my client to the baseline prior to treatment. But it was the client's baseline before treatment that resulted in their seeking mental health counseling! A colleague said: Call the Insurance Commissioner!!! Do you have any pointers on what/ how/when to do this? Can I bill for this? Should my clients call them also? Any tips on pursuing this strategy are more than welcome! Sincerely, Alive and Kicking

Dear Alive and Kicking:

Yes, yes, yes.

Most health care insurers include Mental Health benefits that currently are NOT at parity with the medical/surgical benefits that we all envisioned. Many insurance plans have limited psychotherapy benefits and are refusing to provide treatment for Mental Health problems that are not crisis-oriented. A group here in our state, the Washington Association for Mental Health Treatment Protection has collected 150 denials of MH treatment by insurers over the past 3 years. So far, attempts to discuss these denials have been rejected.

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The Seasoned Therapist

Continued from page 5

We know that MH treatment does not need to be endless, and therefore isn't going to break the insurance company's budget. We also know our clients' mental health suffering is as significant as medically-related issues. As a result, we need a list of strategies/talking points as we continue to fight these restrictions and advocate for our clients.

SO YES, speaking to the Office of Insurance Commissioner is a fine strategy to pursue. Here are some pointers:

1. Telephone number of the Office of the Insurance Commissioner, Statewide Health Insurance Benefits

Advisors, 1-800-562-6900.

2. Appeal Process: There is a 3- to 4-step formal appeal process. Templates can be found at www.wamhnp.com. These will help you write your appeal.
3. Client Involvement: Insurers respond better to appeals/complaints from clients than from providers. Encourage patients to talk to their Human Relations (HR) person (particularly if their company is self-insured, as many are) and/or file appeals themselves by going to www.wamhnp.com

4. If our client requests, should we communicate with client's Human Relations Dept to explain the problem? No, for many reasons it is better for employees to communicate directly with their HR staff.
 5. The following statute delineates the parameters of what we can and cannot charge: WAC 246-08-400. Whatever additional time you spend, unless it is to redact parts of the record, is on your dime and time, and you cannot charge for it.
- Yours,

The Seasoned Therapist

Have a practice question?
Let us know!

**Who Ya Gonna
Call !?!?!?!?**

**Coalition Helpline:
206-444-4304**

**Who's My Legislator:
1-800-448-4881
(State and Federal)**

**Legislative Hotline:
1-800-562-6000**

Upcoming Suicide Prevention Trainings: Sept 13 and Nov 15

The Suicide Prevention Training in May by Robin Shapiro was well-received. Robin's skill and experience as a clinician and presenter were evident in the response by attendees. People who attended her May 16 presentation said:

- "Great balance of strategies and information on the brain. Loved case examples"
- "Very thorough, up to date, comprehensive. Robin is excellent"
- "Balanced statistics and treatment guidelines".

Registration for the upcoming trainings is open!
Don't forget to register online!

CEs for all categories

MEMBERSHIP POLICY

Your Coalition membership is January 1 to December 31. If you join before June, your dues will be for the full year. Those joining in the last quarter of the year, dues will be applied to the upcoming calendar year.

**RENEW YOUR COALITION MEMBERSHIP
ONLINE at**

<http://www.wacoalition.org/renew.php>

Summary of Meeting with Group Health Representatives

June 11, 2014

Sue Wiedenfeld, PhD, Coalition Chair, Laura Groshong, Mental Health Advocate; and Karen Hansen, LICSW, WSSCSW President, met on June 11 for an hour with Dave Beery and Julie Marten, Associate Director of Care Management Behavioral Health Access, and Provider Services Consultant for Behavioral Health, respectively.

We discussed the four plans that GH is now offering: Group Health Alliant, Group Health Select, Group Health Options, and Group Health PPO. They all have different mental health benefits and co-pays that affect the way that the mental health benefit is covered. The majority of patients who have been affected by the changes to Group Health mental health coverage are in Group Health Select and Group Health PPO, a new product.

The purpose of the meeting was to discuss changes in the way that Group Health covers mental health disorders in-network and out-of-network. There was a shift in the way that Group Health provided reimbursement for these services about six months ago, according to the survey sent out to mental health clinicians in May.

Dave and Julie were unaware of a shift in the way that reimbursement was handled, but acknowledged that GH has begun using the Milliman (now MCG) guidelines much more rigorously. On the other hand, they were not surprised by our survey data and felt they had had previous feedback as well about many of the concerns our members are stating. The concept of treatment as valid for episodes of acute distress is a

major principle that guides GH coverage.

Dave gave examples of denied cases where the clinician did not provide good treatment goals and/or did not show evidence that the treatment was working. GH wants to see concrete proof that there is progress. Additionally, GH wants to 'internalize' all cases that can be handled by GH staff to those clinicians instead of having them outsourced to external clinicians, unless there is not a GH clinic within 30 miles or there is no internal clinician with the skills needed to treat a given condition. They acknowledged that Group Health has been having financial problems. Tightening up the use of out-of-network and non-staff providers are ways that they are trying to cut costs.

Dave acknowledged that the frequency of referring cases out to clinicians not with GH has dropped significantly, and that they have had many rude clinicians complaining about this fact to their case managers.

The lack of measurable goals and use of tools to make clear assessments/treatment progress were the main problem that GH has had in using out-of-network clinicians.

GH seems to have made a commitment to acute treatment only, use of in-house clinicians, and a denial that chronic conditions may require long-term and/or frequent treatment sessions. We will meet again in July to discuss the gap in patient coverage by Group Health for patients who are neither in acute distress nor in maintenance/custodial mode, i.e., the patients with chronic mental health conditions who are functional.



Classifieds

Office space to rent? Job opportunities, trainings and workshops? . Coalition members, list your ad in our newsletter for only \$35! Please submit your ad to: Newsletter Editor, wacoalition@frontier.com .

It's Time to Renew Your Membership

The Coalition

of Mental Health Professionals and Consumers

P. O. Box 30087 • Seattle, Washington 98113-2087

206-444-4304 • <http://www.wacoalition.org>

Your dues support the Coalition's efforts to preserve ethical mental health treatment. Your dues also provide funding that supports legislative efforts, continuing education programs, our website, a Helpline, the newsletter, brochures, and our on-line member directory.

Thank you for your continued support! It makes possible what we do. Please renew promptly. With this year's renewal, you will be included in our on-line directory.

Send this form to:

THE COALITION, ATTN: MEMBERSHIP

P. O. Box 30087 • Seattle, WA 98113-2087

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Neighborhood _____

PROBLEMS TREATED

- ___ Abuse
- ___ Addiction
- ___ Anxiety/Depression
- ___ Bipolar
- ___ Grief and Loss
- ___ LBGTQ
- ___ Learning Issue
- ___ Medical Issues/Pain Managements
- ___ PTSD
- ___ Relationships
- ___ Stress
- ___ Work/Career

SPECIALTIES

- ___ Elders
- ___ Adults
- ___ Adolescents
- ___ Children
- ___ Infants
- ___ Family
- ___ Couples

PREFERRED TREATMENTS

- ___ Psychoanalytic
- ___ Cognitive-Behavioral
- ___ Interpersonal
- ___ Eclectic
- ___ EMDR
- ___ Somatic Transformation

___ Please check if you do not want to be included in the directory

___ Please check if you are willing to volunteer for the Coalition

___ occasional time-limited tasks

___ I will help with political efforts

___ ask me about other needs you have

___ I will help with newsletter or membership (circle)

Legislative District: WA: _____ National: _____ Don't know? Call 1-800-448-4881

I/WE can support the Coalition at the following level:

Professional Membership:

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Student Membership:

___ \$15 ___ \$25 ___ \$65

Consumer Membership: FREE!

Renew Online at <http://www.wacoalition.org/renew.php>

THANK YOU for supporting THE COALITION

The Coalition of Mental Health
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P O Box 30087
Seattle, WA 98113-2087

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