

Life Transitions Newsletter

May 2007



Dear Clients,

Many of you have asked me about insurance and how mental health benefits are determined. This is a complex issue, to say the least. In the article below I have tried to summarize and simplify the key issues. Hope that this helps.

Many blessings, Penny

The Insurance Issue – is your mental health provider covered or not?

Generally there are three types of insurance: Fee for service, closed system managed care and open system managed care. Fee for service companies allow you to select any provider and they will reimburse what they have determined is usually and customary (more about this later). Closed system managed care providers will not accept any provider unless they are on their specific provider list. And finally the open system managed care companies who will reimburse a portion of my fee.

So how do you determine if my services are covered and how much of my fee

will be reimbursed? Answer the below questions and hopefully you will have a clear understanding of what is covered.

What insurance do you have?

Closed System Manager Care – I am no longer on any managed care panels therefore my fees will not be covered.

Fee for service or open system managed care – A portion of my fees will be covered under these two types of insurance plans. The **key** is how much of the fee.

What are my benefits for a Licensed Clinical Social Worker?

As this point the insurance representative may state “(a certain percent) *of usual and customary*”

What is usual and customary for the Northern San Diego County?

You may have to pressure them for this amount because for reasons unknown they like to keep it a secret until after you have submitted your claim. The key here is to tell them you need to know exactly what will be covered before starting work. You have a legal right to know your specific benefit.

Remember, after speaking with your insurance company you should have a specific figure on what they will reimburse.

Why am I not on any Managed Care Panels?

There are three key reasons:

Reason #1: Lack of confidentiality

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All managed care plans (MCP's) involve direct clinical management by the plan's case managers. If you access therapy through your MCP, it makes it necessary for me to disclose anything and everything related to your case to your MCP.

This information is used by the MCP for determining benefits, which they allocate at their own discretion. This impacts your right of confidentiality, and it is possible that your information will be stored in a computer system, which could be accessed by anyone.

The FBI and law enforcement officials can access your insurance information at any time. This information could be used to your disadvantage should a legal problem arise.

Furthermore, this lack of confidentiality could impact your minor children even more negatively. Should they ever desire to apply for certain jobs or educational programs, such as law enforcement or the military, the information in their insurance files could be used against them.

Reason #2: Difficulty getting treatment authorized

Due to the direct care management by MCP's and their desire to keep costs to a minimum, getting therapy sessions authorized often becomes cumbersome and time consuming. Every plan has different requirements and standards for authorizations. Usually they require many hours a week of paperwork and phone calls by me in order to get authorizations. Some will deny therapy

in lieu of taking prescription medications.

MCP's allow a certain number of treatment sessions per year for each plan. Let's assume your MCP allows up to 20 sessions per year of outpatient psychotherapy. This does not mean you can automatically access your benefits. Often you first have to be referred by a primary care physician member of the MCP. Then you may have to go through a phone interview with an MCP case manager. Then you may have to contact several plan providers to find one who is accepting new clients, who has a convenient location, or who has expertise in your issues. Once you have found a provider, there may be a long wait for an appointment due to pre-authorization requirements. Then you are often given only one to three sessions to start (50 minutes per week – though you may feel you need more), as an assessment. Then you may need to wait for more visits to be authorized – often weeks of phone calls and paperwork flow back and forth between your provider and the MCP. Then the MCP may only authorize three sessions at a time with this continual waiting period in between. This causes your treatment to be inconsistent, broken up, and can cause you more anxiety not knowing if you will in fact get your benefits authorized at all. Some clients give up on their treatment due to these frustrations.

Furthermore, some MCP's want to control the treatment plan. Some will even dictate the specific treatment plan, which is often very subjective and may even be anti-therapeutic. Some plans will determine when it is time to terminate treatment, even when the

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client continues to be in distress, or their problem has not been sufficiently resolved.

Reason #3: Mis-diagnosing and/or over diagnosing in order to get treatment authorized

Some MCP's will not cover treatment unless it is a "medical necessity." This may mean the client has to "pretend" they are "sick," or worse off than they are, in order to receive their benefits.

Book Reviews

Studies have shown that people who battle with Chronic Sinusitis have an increased risk to developing clinical depression. Dr. Ralph B. Metson, M.D. has written an excellent book called "*Healing your Sinuses*". Dr. Metson is a clinical professor at Harvard Medical School. This book takes a very complex subject and makes it easier to understand. He also explains all the medication available sighting their positive and negativity attributes. But most importantly, Dr. Metson explains some excellent, non-surgical, treatments that the patient can do themselves – a very empowering book.

Parents, if you are having trouble finding a book that teaches what pure womanhood is and how to empower your young ladies to stay pure, I can recommend "Pure Womanhood" written by Crystalina Evert. You can order a copy by calling 1-888-291-800 or online at www.pureloveclub.com. This book does have a religious slant however; it provides excellent education on male/female relationships. For young ladies who wish to remain or become pure, this book is a must read.

Announcements

The third renewal of the group "*Becoming the Woman You Want to Be*" started this week. This Monday's group is full and currently no longer accepting new members.

However, if enough young ladies, ages 14-18 years, sign-up, I am willing to start a another group on Wednesday evenings from 6-7:30 p.m. If you know of a teenager who would be interested, please have them contact me at 760-685-3403. The fee for the 10-session group is \$400.00. The groups are held in Valley Center. They do not meet over the summer, but resume two weeks before Valley Center High School starts in the fall.

Your Comments

Remember that this is your newsletter so I would like to hear from you. Any good books you can recommend? Any comments on the newsletter? What topics would you like to be covered? Just e-mail me pblazej@vcweb.org.