

The Coalition



WASHINGTON STATE COALITION OF
MENTAL HEALTH PROFESSIONALS AND CONSUMERS

Advocates for Ethical Mental Health Care

Winter 2008

Mental Health Parity in 2008

Laura Groshong, LICSW, Coalition Lobbyist

Washington has led the way in implementing mental health parity. We have one of the top two or three comprehensive parity laws in the country. We achieved this goal because of the efforts of the Washington Coalition for Insurance Parity, an umbrella organization of 146 member agencies and organizations. WCIP started in 1997, passing mental health parity legislation in 2005 and 2007. The Washington State Coalition of Mental

Health Professionals and Consumers was a member of the WCIP Board for all 10 years, along with the Washington Psychological Association and the Washington Association of Protective Services.

The mental health parity legislation succeeded partly because it was crafted as a 'phased-in' process. The first phase took place in 2006, and the next phase will be coming up now in 2008. I thought this might be a good time to review what changes have

occurred, are occurring now, and what changes are still to come in 2010.

What happened in the first phase of the Washington mental health parity law?

The first phase, implemented on January 1, 2006, applied to commercial – non-self-insured – health plans regulated by the Washington State Insurance Commissioner and offered by an employer of more than 50 employees; all state

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www.wacoalition.org

January Events!

January 26

Saturday

Annual Meeting

9:00 a.m.

Program 9:30-12 Noon

**Suicide—What Happens
to Those Left Behind?**

See Page 5

January 30

Wednesday

7:00 to 9:00 p.m.

**Ethical and Legal
Aspects of**

**Record Keeping
in Washington**

See Page 3

From the President Sue Wiedenfeld, PhD

Happy New Year to all! May this be an excellent year for you and yours. This newsletter is overdue after the loss of our illustrious editor, Peter Moore. Please bear with us while we await a permanent editor.

We hope you find many of the Coalition events we plan for this year to be useful and valuable to you. Let me give you a bit of history related to what is planned.

In the spring the Coalition board reached out to a group of Coalition members, and we met together over dinner at my house to brainstorm new directions. Peter wrote briefly about this in the Summer 2007 newsletter, but I will elaborate a bit here. The idea was to find out what members would like the Coalition to

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ALL PLANS WITH ENROLLEES IN WASHINGTON, INCLUDING PLANS BASED IN OTHER STATES, MUST COMPLY WITH WASHINGTON'S MENTAL HEALTH PARITY LAWS.

employee health plans offered by the Public Employees Benefits Board; and the Washington State Basic Health Plan. It required all plans to include a mental health benefit and that co-pays be equal for mental health and medical/surgical benefits. This phase will also be applied to small group and individual plans as of January 1, 2008.

What is the second phase of the Washington mental health parity law?

The second phase, to be implemented on January 1, 2008, will apply to all non-self insured plans in Washington and will require equal annual and lifetime limits of coverage and equal maximum out-of-pocket expenses for mental health and medical/surgical benefits. In addition, all deductible payments for mental health services will apply to the total deductible for a given plan, even if they are separate from medical/surgical deductibles.

What will be the third phase of the Washington mental health parity law?

The third phase, to be implemented on January 1, 2010, will apply to all non-self-insured plans in Washington and will require 1) a single deductible amount for all services in a given plan, 2) the removal of arbitrary limits on mental health benefits, i.e., out-patient sessions/inpatient days, which are not applied to medical/surgical benefits,

and 3) coverage of all diagnostic categories in DSM-IV-TR (or future versions) with the following exceptions: V-Codes, sexual dysfunction disorders, adjustment disorders, court-ordered treatment, residential treatment, custodial care, skilled nursing facilities, and home health care. Substance abuse disorders are not included in the mental health parity laws, but have mandatory coverage through the Division of Alcohol and Substance Abuse (DASA).

Are there any other limitations on how mental health disorders are covered by the new mental health parity law?

Yes. In addition to treatment being available only for covered diagnoses in DSM-IV-TR, an insurer has the right to decide if treatment is "medically necessary," but must make such determinations in the same manner for medical/surgical and mental health benefits. The formula for comparing mental health and medical/surgical benefits is still under development.

Does the mental health parity law have any requirements for how much mental health clinicians are reimbursed?

No. Reimbursement schedules are set by insurers. For mental health clinicians, the reimbursement formula is generally the same as that for Medicare, e.g., for the CPT code 90806, and

office visit of 45-50 minutes, psychologists are reimbursed at 75% of what psychiatrists are reimbursed and licensed master's clinicians (LICSWs, LMHCs, and LMFTs) are reimbursed at 75% of what psychologists are reimbursed.

What agency has oversight for implementation of the mental health parity law?

The Office of the Insurance Commissioner has oversight for implementation of this law. The current Insurance Commissioner is Mike Kreidler.

What can clinicians or patients do if they find a plan is not complying with Washington's mental health parity law?

Clinicians or patients can call the Washington State Office of the Insurance Commissioner, Consumer Assistance Referral, for assistance at **1-800-562-6900** if a plan is not in compliance with the mental health parity law at each phase of implementation. All plans with enrollees in Washington, including plans based in other states, must comply with Washington's mental health parity laws.

WSCMHC is proud to have been part of the effort which led to our excellent mental health parity laws.



This is chilling news!

A few months ago, we were notified of a new audit procedure that was conducted of a psychologist by Regence. As it turned out, the psychologist “passed” the audit apparently without any problems because of the very careful documentation of the treatment and the rationale for it. The patient was a very seriously disturbed and chronically suicidal patient. The psychotherapy was intensive, multiple times per week, and was effective in keeping the patient alive and out of the hospital. There was no hint of fraud or unusual billing practices. As far as can be determined, the audit was precipitated simply by the fact that it was expensive, intensive psychotherapy. This therapist chose to cooperate with the request for records, but several therapists in the past have legally and effectively fought such requests.

Many of us have a few patients like this who require intensive treatment. Is this a warning that insurance companies may start auditing records simply to try to cut costs? With impending parity looming for mental health treatment, is this one of the tactics insurance companies will use to try to avoid paying their share of mental health therapy? We do not know for sure at this time, of course, but we will keep you posted. The Coalition is considering looking into whether Regence is again using invasive audits to limit coverage, something that we wrote about extensively in the past. The Coalition was directly involved in stopping intrusive audits when they occurred 10 years ago and will do everything possible to prevent them now. We need to know if other members have had similar experiences recently with

Regence or other insurers to fully understand the scope of the problem and to address it. Please call the Coalition Helpline, 206-444-4304, if you have any problems to report along these lines.

Meanwhile, please note that the Coalition is offering a workshop by Laura Groshong, LICSW, and Stephen Feldman, Ph.D., J.D., on Ethical and Legal Aspects of Record Keeping, on Wednesday, January 30, 2008, 7:00-9:00 p.m., Room 202, Good Shepherd Center, 4649 Sunnyside Ave N, in Seattle. This meeting may turn out to be of urgent importance in offering the information you need about laws regarding patient records. Knowing the federal and state laws about record keeping and disclosure is a key part of protecting the privacy and confidentiality of patient records. We hope to see you there.



KNOWING THE FEDERAL AND STATE LAWS ABOUT RECORD KEEPING AND DISCLOSURE IS A KEY PART OF PROTECTING THE PRIVACY AND CONFIDENTIALITY OF PATIENT RECORDS.

You Say Potato, I Say Potahto

Ethical and Legal Aspects of Record Keeping



2 ETHICS CEUs
\$35 Coalition members
\$45 Non-members

This talk by two experts in the field of mental health regulation, **Steve Feldman, PhD**, and **Laura Groshong, LICSW**, will give an overview of the differences and similarities in mental health record keeping across disciplines in Washington.

Mental Health clinicians in Washington have some record-keeping standards

that are required by federal HIPAA stands, some that are required by State disciplinary standards, and some that are recommended by our codes of ethics in psychology, psychiatry, clinical social work, counseling, marriage and family therapy, and psychiatric nursing.

Keeping all these standards straight is a challenge.

**Wednesday
January 30
7:00 to 9:00 p.m.**

**Good Shepherd Center
Room 202
4649 Sunnyside Ave N
Seattle 98103**

continue to do and what might be useful/helpful additions for the future. We had a thoughtful discussion that led to a general theme of "Clinician Empowerment" and several other specific suggestions.

Generally, the group felt that it was important to support political and educational efforts that increase the visibility of our mission and vision in support of quality mental health. This included supporting our dedicated lobbyist, Laura Groshong, the activities of the PAC (which educates legislators about our concerns), and continuing to cultivate relationships with various insurance companies so that we have a means of communicating our concerns as they come up. The newsletter was felt to be an effective means of educating our own members about Coalition activities and concerns.

Two new efforts begin this month. Both are part of another general goal of supporting practitioners in the Coalition community as well as broadening our visibility in the general community. The group felt that we should begin to offer some educational opportunities as we had done years before. These would build community by offering relevant topics with continuing education units when possible. Non-members would be invited to such events with the hope

of expanding our membership.

The first is a **panel series** that will be offered in January, March, and May of 2008. In each series, experts on a particular clinical topic (Suicide, PTSD, and Grief) will meet on a Saturday morning (See p. 5 of this newsletter for details). The panelists will discuss the clinical issue using case examples. These should be interesting and stimulating discussions and will include an ample question-and-answer period. We will be offering continuing education credit.

Remember, non-Coalition members are invited to attend so tell your friends!

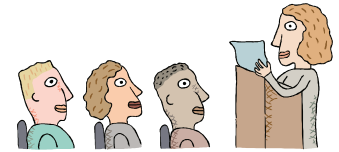
Second, we will begin what used to be our **brown bag lunch series** but now the meetings will be held Wednesday evenings. Several ideas were proposed for these meetings. One was to provide a forum for focus on interpreting changes in the law and how this might affect clinician practices (see the planned Coalition Wednesday evening on mental health record keeping, p. 3) as well as educating and supporting practitioners—new and old—on issues such as getting referrals, dealing with insurance companies, HCFA questions, approaching insurance companies with closed panels, or even how to more effectively run the "business" of your practice. These Wednesday evening

events are evolving and will be publicized via emails as well as through future newsletters. Do feel free to contact us with ideas you may have about what would be most useful to you. And then stay tuned for more information!

Another major suggestion was doing some outreach to several of the local educational and training institutions. We have done that this fall and hope to set up some effective ways to communicate with graduating and new practitioners so that future mental health practitioners might join us in our effort to protect and maintain ethical mental health practices in the State of Washington.

Our spring meeting was a good one, and these ideas are a start. We are continuing to recruit a few more board members and a newsletter editor. Do contact us if you can spare your ideas and two hours one Wednesday evening a month. It is a fun and exciting time as we are beginning several new projects. And if you like to write, WE WANT YOU for our newsletter; contact us at wacoalition@verizon.net.

Hope to see you at the upcoming Coalition events.



Annual Meeting

January 26

9:00 to 9:30 a.m.

Good Shepherd Center
4649 Sunnyside Ave N
Seattle 98103

Followed by
a panel discussion
on SUICIDE—WHAT
HAPPENS TO THOSE
LEFT BEHIND

Join the Coalition Dues

Member	\$65
Student	\$15
Consumer	Free
Organization	\$124

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

Coalition Helpline: 206-444-4304

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

Legislative Hotline: 1-100-562-6000

Data-Mining: Harmful to Your Health?

Laura Groshong, LICSW

Doctors like Daniel Carlat have contributed to the use of patient records for marketing and fudging of studies that may minimize the risks of a drug to both patients and doctors.

Some of you may have read an article in *The New York Times Magazine*, 11/25/07, called "Dr. Drug Rep," by Daniel Carlat that described the experiences of a psychiatrist who became a promoter of Effexor with other psychiatrists for Wyeth Pharmaceuticals. He described how his involvement seemed less and less benign over the course of the year he worked for Wyeth as data that seemed to show Effexor had fewer side effects than other anti-depressants proved debatable. He was criticized for bringing up the benefits of using other anti-depressants, and he realized the data he was gathering from other psychiatrists was being "mined," or used to market other drugs specifically to patients who had used Effexor. Eventually, he stopped working for Wyeth, even though the extra income, fancy hotels and meals, and easy lecture work were appealing.

Data-mining has become more and more common as drug companies have become more sophisticated about the use of patient records for marketing

purposes. The sale of patient records by pharmacists, as well as by doctors and insurers, is a gray area in HIPAA, with blanket agreements to release records unknowingly signed by patients. Doctors like Daniel Carlat have contributed to the use of patient records for marketing and fudging of studies that may minimize the risks of a drug to both patients and doctors. Putting more limitations on these practices is in the best interests of all health care.

For this reason, the Coalition has joined the Healthy Washington Coalition, a meta-organization, which includes several other coalitions, among others, the Washington Coalition for Prescription Integrity. HWC will be working to improve health care in several areas including access to insurance, broader risk pools to lower costs for high-risk patients, and reducing the practice of data-mining without patient consent. I will be reporting to you on the progress of HWC's legislative efforts to stop data-mining throughout the 2008 Legislative Session.

The Washington State Coalition of Mental Health Professionals and Consumers

invites **YOU!!**

To the Panel Discussion Series of 2008 — First Topic: Suicide



WHAT IS IT? A chance for clinicians to hear experts discuss cases and answer questions in the first in a series of topics: **Suicide—What Happens to Those Left Behind?**

WHAT IS IN IT FOR YOU? An interesting and lively discussion, a great way to earn continuing education credits, and a way to spend a Saturday morning with friends and colleagues.

WHEN? January 26 from 9:30 a.m. to 12 noon (begins after the annual meeting).

WHERE? The Wallingford Senior Center in the basement of the Good Shepherd Center, 4649 Sunnyside Ave N, Seattle 98103.

WHAT? The first panel discussion in the series: Suicide—What Happens to Those Left Behind?

WHO?

Donna James, Ph.D.
Robert Odell, MSW, LICSW

Donna James is a therapist in private practice (psychodynamic orientation), who wrote her doctoral dissertation on the effect of suicide on therapists; she specializes in consulting with therapists in this area. Rob Odell is a clinical social worker and critical incident specialist, whose orientation is differentiation theory, with

extensive experience working with therapists and groups when a co-worker or client has committed suicide.

2 CEUs

\$40 Coalition members
\$50 Non-members
\$90 New membership plus admission

Join us for this interesting morning!!

Future Topics in this Series
PTSD
Grief

The Coalition of Mental Health
Professionals and Consumers
P O Box 30087
Seattle, WA 98103

*Update Your E-mail and Postal Addresses by Using this Form
or E-mailing Changes to www.wacoalition@verizon.net*

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