

Winter 2011

**Working with Children
and Adolescents**

**Staking Your Claim with
Health Insurers**

**Does Your Professional
Image Reflect Your
Strengths?**

**Helping Patients with
Diabetes Make Life-Saving
Behavioral Changes**

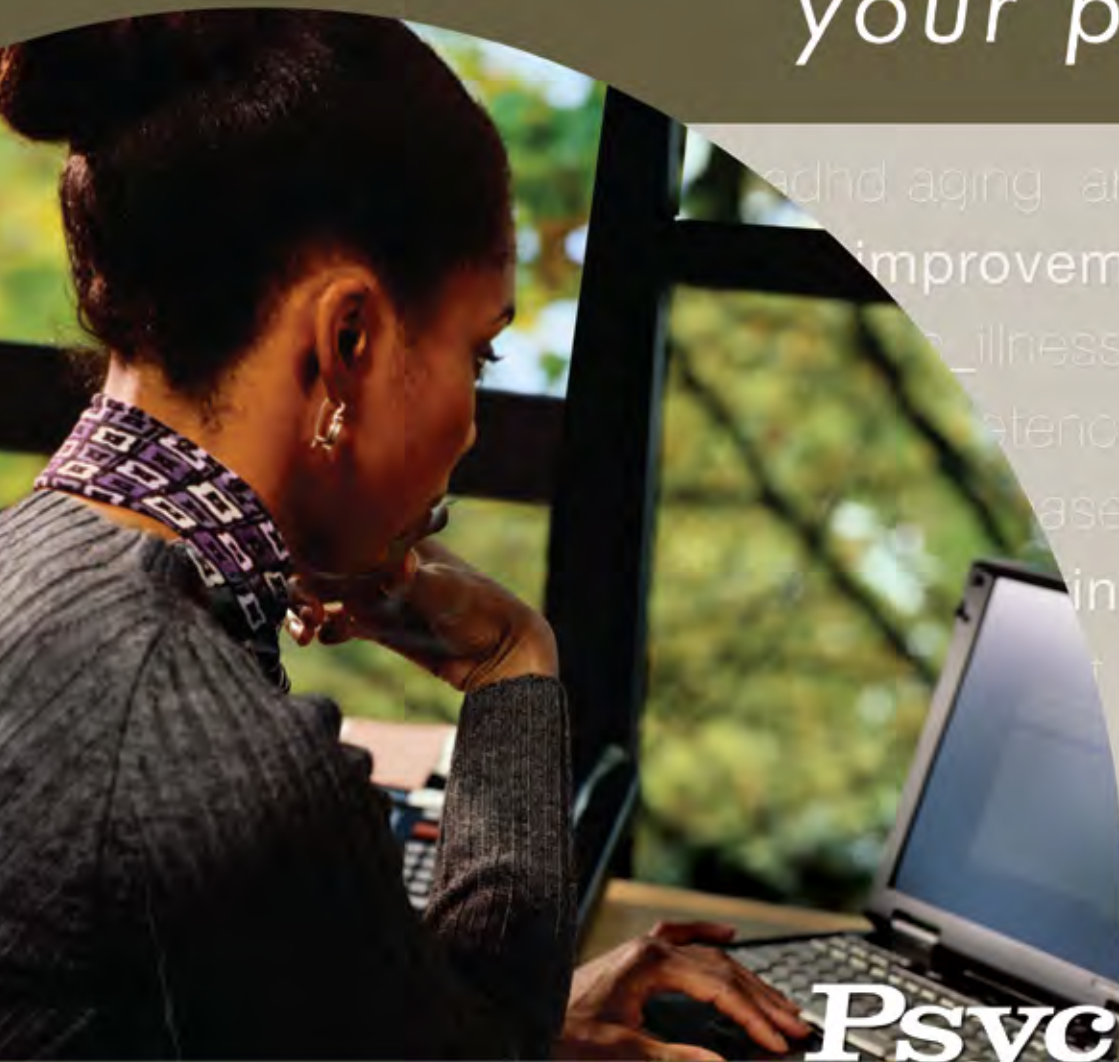
Exploring Personality

**SPECIAL SECTION
Implementation of the
Federal Parity Law**

**FYI: Mental Health
Insurance Under the
Federal Parity Law**

**LOOK FOR FYI
tearout on page 19**

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resources to enhance
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Winter 2011



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CONTENTS

Working with Children and Adolescents	2
SIDEBAR: Additional Resources	5
Staking Your Claim with Health Insurers	6
SIDEBAR: Be Mindful of HIPAA	7
SIDEBAR: Important Deadline for Medicare Providers	11
Does Your Professional Image Reflect Your Strengths?	8
Helping Patients with Diabetes Make Life-Saving Behavioral Changes	12
PRACTITIONER PROFILE: Amy Walters, PhD	
SIDEBAR: Resources on Diabetes Treatment	13
SIDEBAR: APA Survey Results Highlight Challenges to Change	13
Exploring Personality	14
PRACTITIONER PROFILE: Richard Levak, PhD	
SIDEBAR: Psychological Assessment Survey Highlights	15
SPECIAL SECTION	
Implementation of the Federal Parity Law	16
FYI: Mental Health Insurance Under the Federal Parity Law	19

This "FYI" question-and-answer guide about mental health insurance under the federal parity law is the third in a series of public education resources included regularly in *Good Practice*. To make photocopies to distribute to your clients and for use in community outreach activities, remove the article by tearing along the perforated edge. To download this fact sheet and others for your clients, visit **Practice Central** at apapracticecentral.org.



Good Practice received a 2009 Platinum Award, the highest honor, from the Association of Marketing and Communications Professionals.



Working with Children and Adolescents

Answers to questions about privacy, consent to treatment and access to records



This article addresses several key issues that may arise when treating minor clients. Psychologists who work with children and adolescents must familiarize themselves with relevant state law, recognize the potential benefits and limitations of written confidentiality agreements, understand considerations that may apply when the minor's parents are separated or divorced and be knowledgeable about applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA).

Working with minors requires balancing the privacy rights of the child with keeping the parents* appropriately informed about treatment. In order to successfully initiate and conduct treatment, especially with older children and adolescents, psychologists should have a clear understanding from the outset about the specific types of

information that will be considered confidential and the circumstances under which such information may be disclosed.

Following are answers to questions that psychologists frequently ask us about working with minor children.

QI: Who needs to consent to treatment of a minor?

A: Typically a parent or legal guardian must consent to health services for a minor child. In many states, however, older adolescents may independently consent to psychological or substance use treatment on their own. State law may also authorize minors to independently consent to other specific types of health care services that minors might otherwise avoid seeking, such as for HIV or reproductive health.

State laws vary considerably, so it is important to be familiar with the law in your area. Helpful sources of information may include state government websites, your state psychological association, the state board of psychology, your malpractice insurer, a private attorney familiar with health care law in your state and knowledgeable colleagues.

In addition to obtaining appropriate permission from a legally authorized person, psychologists who render services to individuals legally incapable of giving informed consent are required by the American Psychological Association's (APA) *Ethical Principles of Psychology and Code of Conduct* to provide an appropriate explanation and to seek the individual's assent to treatment (Ethics Code, Section 3.10b).

Q2: What if the parents are unmarried, separated, divorced or involved in a custody dispute?

A: Obtaining consent to treatment from one parent may not be sufficient when psychologists treat a minor whose parents are divorced or separated. State law or court order may specify the rights of custodial and non-custodial parents to consent to treatment and to access treatment records. Both parents may be required to consent to the treatment if there is court-ordered joint custody. Even if it is not legally required, you may choose to request the consent of both parents—especially if you are initiating treatment of children in high-conflict families or in instances where parents are undergoing separation or divorce.

Q3: What should be included in the consent form for the treatment of minors?

A: Many issues related to treatment of minors and access to their clinical records can be avoided by addressing these issues in advance. Consent forms should specifically outline the types of information that will be shared with parents (or others) and under what circumstances, as well as the types of information that will be kept private. The contents of the consent form should be thoroughly discussed with the parents at the outset of treatment and, in an age-appropriate manner, with the child. Usually parents are amenable to signing such agreements if they understand how protecting a zone of privacy can improve

the effectiveness of treatment, especially for older children and adolescents. For example, parents may agree to receive only general progress reports and notification of dangerous or emergency situations.

The "Additional Resources" list on page 5 includes several sample consent forms designed for use in treating minors that might be adapted for use in your practice.

Q4: Who has the right to access a minor's treatment records?

A: Typically a parent or legal guardian has the right to access a minor's records, but there are exceptions. For example, state laws that allow adolescents to give independent consent for health care services may also allow adolescents to protect the privacy of their treatment records. Other state laws allow parents to access treatment records even in situations where the minor independently consented to treatment or the laws leave the decision about disclosure to the provider's discretion.

Q5: How does HIPAA affect a parent's right to access a minor's treatment records?

A: The HIPAA Privacy Rule indicates that parents are generally considered the "personal representative" for their minor children, thereby allowing access to the minor's treatment records (45 CFR 164.502g). Exceptions include the following circumstances: when state law allows a minor to access mental health treatment without parental consent; when state law denies parents access to the minor's records; when a court authorizes someone other than the parent to make health care decisions for the minor; or when the parent or guardian signs an agreement of confidentiality that waives his or her right to access the child's treatment records. Additionally, the psychologist may deny parental access to treatment records under HIPAA if the psychologist reasonably believes, in his or her professional judgment, that the minor has been or may be subjected to parental abuse or neglect or may be endangered by the disclosure of treatment information.

Additional information about the HIPAA Privacy Rule is available online in the APA Practice Organization publication, "The Privacy Rule: A primer for psychologists," found at bit.ly/hipaaprivacy.

Working with Children and Adolescents *continued from page 3*



Q6: What if parents don't agree about who should have access to records?

A: This is a complex situation that is most likely to arise in the context of a separation, divorce or child custody dispute. When parents are divorced or separated, the rights of custodial and non-custodial parents to access treatment records may be specified by court order or may be covered by state law.

For example, a parent involved in a custody dispute may not be entitled to access the child's records if the court determines that this would not be in the child's best interests. Similarly, parents engaged in a custody dispute may not be allowed to waive the privilege of keeping the child's mental health records confidential in court proceedings. In these situations, you may want to contact the court for guidance. If it is unclear whether you should release your client's records, you may need to obtain additional guidance, such as from your malpractice insurer or an attorney in your state.

Q7: What if a minor does not want parents to see his/her records?

A: In some situations, the parent may not have a legal right to access the minor's record. For example, some state laws allow adolescents to block parental access to records. If the

parent does have authority to access the child's record, and you do not have in place a written agreement outlining the types of information that will and will not be shared with parents, you can try offering to provide limited information rather than releasing the full record. By maintaining a focus on the best interests of the child, you may be able to satisfactorily address the parent's concerns while keeping detailed treatment information confidential.

Q8: How do the rights of older adolescents differ from younger children?

A: In many states adolescents have the right to independently consent to outpatient mental health or substance abuse treatment. A minor's right to consent to treatment often, but not always, corresponds with the right to protect the privacy of treatment records. "Emancipated minors" or "mature minors" have the right to make decisions about their own health care. State statutes generally define emancipated minors to include those who are married, in the armed forces or declared emancipated by a court of law. Some states also recognize the rights of minors to make their own health care decisions without obtaining permission from a parent if a court determines the minor has sufficient intelligence and maturity to do so.

"The goal is to promote effective therapy while keeping parents appropriately informed."

When parental consent is required for treatment, it is advisable to discuss in advance with the parents and adolescent client your recommendations regarding what types of information should and should not be kept confidential. The goal is to promote effective therapy while keeping parents appropriately informed. All involved parties should sign an informed consent agreement setting out the parameters of confidentiality at the outset of treatment (see also Q3).

Q9: What about information related to possible child abuse or neglect?

A: The psychologist must be aware of and comply with the mandated reporting laws in his or her state. These laws generally require psychologists to report to the appropriate authorities if they have a reasonable suspicion of child

abuse or neglect. This exception to confidentiality should be discussed with the parents and child, as appropriate, when obtaining informed consent to treatment.

Q10: What if I believe it would be detrimental to release treatment information about a minor to his/her parent?

A: Discussing your concerns with the parent and/or offering to release limited information rather than the full record is often the best approach. If you are unable to come to a mutually agreeable solution, refusal to disclose treatment information that the parent is authorized to receive may be a legally supportable course of action. In such situations, it is advisable to consult with a knowledgeable health care attorney in your state (see also Q5).


For example, a 2009 Iowa Supreme Court case (*Harder v. Anderson*) denied a mother's request to access her child's treatment records because such access was deemed not in the child's best interest. The APA Psychology Defense Fund provided support for the mental health professionals involved in this case.

Q11: What if I am unsure about whether to release information about a minor client's treatment?

A: This is a complex area of practice, involving the intersection of ethics, law and clinical care. If you are unsure about whether to release information about a minor's treatment to his or her parents, guardian or another third party, we suggest contacting a professional colleague, your state board of psychology, a health care attorney in your state, your malpractice insurer or the APA Practice Organization for further guidance.

* In this article, the term "parent" may be used generically to refer to parents or other legal guardians.

For more information about working with minor children, contact the Legal and Regulatory Affairs Department at praclegal@apa.org or 800-374-2723.

Please note: Legal issues are complex and highly fact-specific and require legal expertise that cannot be provided by any single article. In addition, laws change over time and vary by jurisdiction. The information in this article should not be used as a substitute for obtaining personal legal advice and consultation prior to making decisions regarding individual circumstances. 



ADDITIONAL RESOURCES

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. Available at apa.org/ethics/code/code-1992.aspx.

American Psychological Association. (2007). Record keeping guidelines. Available at bit.ly/RKguidelines.

APA Insurance Trust. Child therapy contract. Available at apait.org/apait/download.aspx.

APA Practice Organization. A matter of law: Privacy rights of minor patients. Available at bit.ly/privacyminors.

Behnke, S. (2007). Adolescents and confidentiality: Letter from a reader. Available at apa.org/monitor/febo7/adolescents.aspx.

Bennet, B.E., Bricklin, P.M, Harris, E., Knapp, VandeCreek, L., & Younggren, J.N. (2006). *Assessing and Managing Risk in Psychological Practice*. Rockville, MD: The Trust.

Ellis, E.M. (2009). Should a psychotherapist be compelled to release an adolescent's treatment records to a parent in a contested custody case? *Professional Psychology: Research and Practice*, 40(6), 557-563.

The Guttmacher Report on Public Policy (2000). *Minors and the Right to Consent to Health Care*. Available at guttmacher.org/pubs/tgr/03/4/gr030404.html.

Koocher, G.P. (2008). Ethical challenges in mental health services to children and families. *Journal of Clinical Psychology*, 64(5), 601-12.

Pope, K. Informed consent in psychotherapy & counseling: Forms, standards & guidelines, & references. Available at kspope.com/consent/index.php.

Staking Your Claim with Health Insurers

Follow these pointers for submitting insurance claims and handling denials.



For many psychologists, the health of their practice finances is tied directly to the insurance claims process. Submitting and following up on claims is often time consuming and frustrating. This article offers pointers about submitting claims and handling denials that can help the process run more smoothly.

7 Pointers on Claims Submission

- **Know the payer's coverage policies** such as pre-authorization requirements and restrictions on the number of hours that may be billed for a particular service. This is important whether you are dealing with a private sector insurance plan or a public program. Medicare Administrative Contractors have websites that contain these policies, as do many private insurance carriers.
- **Use essential billing tools to help you code properly.** Two of the most important billing tools are the CPT® procedure codes and the ICD-9-CM diagnosis codes. CPT code information is available through the American Medical Association's (AMA) website, which includes a search function that allows a limited number of free online searches for code numbers and provides the Medicare payment rate for each code based on geographic area. Publications containing the CPT codes and the ICD-9-CM codes can be purchased through the AMA's website: ama-assn.org. A CD-ROM version of the ICD-9-CM codes is also available online at the U.S. Government Printing Office Bookstore: bookstore.gpo.gov.
- **Make sure that the entire claim form is completed accurately.** For example, the patient's name should match the way it appears on his or her Medicare or other insurance card.
- **File claims promptly after delivering services.** Doing so helps minimize the time between service delivery and reimbursement and is particularly important for your practice finances if your claim is rejected and must be re-filed. Further, preparing a claim when the details of a patient encounter are fresh in mind can help ensure accuracy.
- **Consistently document patient encounters in the record, being sure to note start and stop times for timed services such as psychotherapy.** From the carrier's standpoint, if you don't record a service, you didn't provide it. Your documentation should reflect patient progress in light of his or her treatment plan.
- **Bill only for time spent with the client.** Descriptors for outpatient procedure codes used by psychologists include the phrase "face-to-face with the patient." While other professional activities such as report preparation may be associated with a client interaction, such activities are considered part of the professional service and are included in the payment amount.
- **Reflect the predominant service provided to the client/patient.** Medicare and most private insurers will pay only for one service provided to a patient on any particular day. The predominant service typically reflects the amount of time spent on professional activity. For example, if a 50-minute visit with a patient after psychological testing involves 15 minutes of discussing test results followed by 35 minutes of providing psychotherapy related to the assess-

ment, you would bill the psychotherapy code 90806 rather than a psychological or neuropsychological testing code.

9 Tips for Handling Claims Denials

- **Thoroughly review all notifications regarding the claim such as an Explanation of Benefits.** The notification should indicate whether a claim was paid in full, partially paid, delayed or denied. If payment is denied, the notification should specify the reason(s) and outline the specific procedures and documentation required to resubmit the claim or file an appeal.
- **Make sure you understand what is being denied and why.** Is the company just asking for more information related to the claim, or is the company saying that a service is not “medically necessary” or otherwise ineligible for coverage? If the notification of denial is not clear, contact the insurance company for more information. In addition to eliciting a stated reason for the denial, you may find out that the claim was adjudicated incorrectly because of an administrative error.
- **Use a cordial approach at the outset.** The best approach to resolving problems with insurance companies often involves starting with a cordial phone call or email—especially when you have an established relationship with the insurance company representative—and becoming more assertive if your polite approach does not produce results. (See the sidebar at right for additional information about email communications.)
- **Learn about the company’s appeals process before filing an appeal.** When you know the company’s policies, you are better prepared to respond to its actions. Appeals procedures may vary by insurance company and state law. You should keep current information about the claims adjudication and appeals processes for each company with which you work. This information often appears on insurance company websites and may be provided if you sign a contract with a company. Make sure you know what information you need to submit if you decide to file an appeal.
- **Be persistent.** You may need to resubmit a claim or file an appeal more than once, but do not give up. Your persistence can demonstrate to the insurance company that you are serious about resolving the problem and getting paid.

BE MINDFUL OF HIPAA

Exercise caution if you communicate via email. If you are not already complying with the Health Insurance Portability and Accountability Act (HIPAA), an email that includes patient information may trigger your need to comply—because it is likely to be deemed an electronic transmission of protected health information in connection with health insurance claims. Compliance includes performing the necessary risk analysis and risk management related to electronic communications as required by the HIPAA Security Rule.

Detailed information about the Security Rule is provided in “The HIPAA Security Rule Primer” from the APA Practice Organization, available online at bit.ly/hipaasecurity. Further, APAPO offers a “HIPAA Security Rule Online Compliance Workbook” at our Practice Central website that assists psychologists with risk analysis and management. This Continuing Education product is found in the Course Catalog at apapracticecentral.org/ce/courses/index.aspx.

- **Do not delay.** Submit and resubmit claims within the timeframe specified by the company and/or the applicable laws in your state. Otherwise, any requests for reconsideration or appeal may be denied as untimely and the claim may be adjudicated solely on the information you already provided.
- **Maintain records on disputed claims.** When you call an insurance company for more information about a claim or an appeal, keep a record of the information you are given, along with the date of the conversation and the name of the representative with whom you spoke. Store these notes with other key information about the claim, including any other actions your office took to follow up on the claim and the outcome of each action. These records can be important for future actions such as taking your appeal to higher levels.
- **Take advantage of available help.** The state insurance commissioner’s office is one potential source of help, especially if there is a pattern of problems with a particular insurance company.

Does Your Professional Image Reflect Your Strengths?

Learn how branding concepts can help you develop and communicate your image.



Consumers decide to purchase a particular product or service based in part on their familiarity with the brand and their confidence that it will meet their needs and standards of quality. Like a product brand, a strong professional image for your practice communicates a promise of quality, value and reliability. Such an image sets you apart from competitors by making potential clients and referral sources aware of your unique strengths.

Clients frequently choose a health professional based on guidance from referral sources and recommendations from friends, family members and co-workers. Today, health consumers increasingly seek information via a web search, provider list or online directory. According to the Pew Internet & American Life Project, more than half of Americans (59 percent) have looked online for health information (“Mobile Health 2010,” pewinternet.org/Reports/2010/Mobile-Health-2010.aspx). That figure is poised to grow as even more of us access the Internet from our laptops and cell phones. These circumstances create a prime opportunity for psychologists to use branding concepts as effective tools to hone their professional image and solidify their marketplace position.

This article will help you better understand the concept of branding, how it applies to your practice and steps you can take to start actively shaping your professional image in the community.

What Is a Brand?

Branding is not just about having a logo, a catchy slogan or an eye-catching advertisement. It is about communicating unique strengths so you are seen as the preferred choice. Like a brand, your professional image reflects the way people think and feel about your practice.

Branding has both physical and psychological dimensions that relate to defining your professional image. Physical elements include the name of your practice, and the slogan you use on your website and other promotional materials. They also include distinctive graphic elements such as colors, fonts, logos and other art that you use in communication vehicles.

On your website, blog and social media accounts, utilize physical elements to capture the image of your practice you want to convey. For example, a psychologist who works with corporate executives will likely use different design elements than a psychologist who focuses on treating children with ADHD or a neuropsychologist who works in a rehabilitation setting for sport-related injuries. When setting up your online profiles or contracting with a web designer, consider what look and feel would be best suited to your practice and clientele.

“My website [reflects] my personal brand,” says Deborah Serani, PsyD, a Long Island, NY, psychologist specializing in trauma and depression. It’s an opportunity “to create a little niche for myself... the unique experiences I have as a psychologist.... On my blog, I take that brand further and offer more personal and creative thoughts.”

Psychologically, your professional image affects the way others perceive your practice, the value of the services you provide and the type of client who comes to see you. All of these factors can influence whether you get the referral, if a potential client chooses you and what rates people are willing to pay for your services. For the physical elements

listed above, consider how each looks and sounds, what it reminds people of, what emotions it elicits, what beliefs and values it communicates and what population it appeals to.

Using Branding Concepts to Develop Your Professional Image

Whether or not you are aware of it, you already have an image that may or may not be consistent with the way you want to be perceived. Many psychologists do not adequately understand the way they are seen by clients, colleagues, payers and members of the community and do not strategically and purposefully define their own image.

“Whether or not you are aware of it, you already have an image that may or may not be consistent with the way you want to be perceived.”

Ali Mattu, a graduate student pursuing his PhD in clinical psychology at The Catholic University of America in Washington, DC, believes that proactive branding is particularly crucial for fellow grad students and early career psychologists. “We choose graduate programs based on our unique interests and engage in internships and post-docs to develop clinical specialties—all of these efforts converge in creating a brand,” says Mattu. “That brand is worthless, however, if it remains in a silo.”

Consider the following suggestions for developing and communicating your professional image:

Define a distinct image. Write a single sentence that clearly defines how you want people to view your practice. An effective statement should reflect your mission and values, leverage your strengths and address the needs of your target market. Your mission statement and business plan should provide most of the information you need. “I encourage all professionals I work with to develop a professional mission statement to make effective and efficient decisions,” says David Palmiter, PhD, of Clarks Summit, PA.

Stand out from the crowd. The main purpose of your professional image is to communicate how your practice is unique. Claiming that your services are “high quality” is not enough to set you apart. Choose an aspect of your

practice that differs from your competitors, cannot be easily duplicated and that clients value. For example, if you provide family therapy for cancer patients and have well-established relationships with the oncologists in your community, emphasize your ability to work collaboratively with the treatment team to help the family through the process. Palmiter has staked a presence in the area of parenting, with a blog (hecticparents.com), a Twitter account (@helpingparents) and ownership of no fewer than ten Internet domain names on the same or related themes that all point to his practice website.

Don’t try to communicate that you can be everything to everybody. Emphasize what you can be the best at and deliver consistently. In addition to giving you a competitive advantage, the differentiation expressed by your professional image is also valuable to potential clients and referral sources. Your image conveys your strengths and provides prospective clients and referral sources with a better understanding of the circumstances in which your services are appropriate and desirable.

Communicate consistently. Once you have defined your professional image and considered how to differentiate your practice, it is time to create a communication plan.

Help consumers find you.



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Does Your Professional Image Reflect Your Strengths? *continued from page 9*

Identify each of your target audiences (such as clients, referral sources, colleagues and payers), the communication vehicles you have that reach each audience and the purpose of each communication. Think about how to communicate your image in a way that tailors the message to each audience and purpose while maintaining a consistent message.



Keep your message simple and focused, make sure it reflects your professional image, repeat the same message and include the same physical elements (such as logo, slogan and colors) year-to-year in all of your promotional materials. The effects of marketing are

cumulative, so consistency is key.

Evaluate and revise. Monitor the results of your efforts and adjust your approach as needed. There are many different ways to track your results. They range from inexpensive, informal efforts, such as talking with colleagues and having friends and family members provide feedback about your promotional materials, to more in-depth market research, such as client satisfaction surveys and focus groups.

Key Outcomes

Whether you are in private practice, work in a counseling center or community-based agency or have a consulting business, try to answer the following questions about the effectiveness of your efforts to define and manage your brand:

- How visible is your practice in the local community?
- How aware of your practice are potential clients and referral sources?
- How do potential clients and referral sources perceive your practice? How would they describe you to others?
- How well do people understand the way your practice is unique?

“Your professional image should be reflected clearly in all the materials you use to market and promote your practice.”

- Is the aspect that sets you apart perceived as valuable to potential clients and referral sources? Does it differentiate you from your competitors?
- Do all of your promotional materials reflect the professional image you want to convey?
- Are your clients and referral sources satisfied with your practice and the services you provide? What is their experience interacting with you and your staff?

Data Sources

Your professional image should be reflected clearly in all the materials you use to market and promote your practice. In order to strengthen your marketing activities, it is important to collect and analyze market data resulting from your efforts. These data are available from a variety of sources and can be gathered using both formal and informal mechanisms.


Following are some methods of accessing this type of information:

- **Review all of your marketing materials.** Systematically evaluate promotional materials, letters, reports, voice mail messages, office decor and the way your office phone is answered. Do they communicate the professional image you have defined? Do all of them include the same message and graphic elements? Are they tailored to the audience they are intended for? Make any necessary adjustments to fit the image you want to convey.
- **Seek feedback on your marketing materials from trusted colleagues, friends and family members.** Be aware of inherent bias. Choose individuals who will be honest with you, provide them with a description of the market segment you are trying to reach and explain the purpose and nature of the feedback desired. Be sure not to be defensive when faced with criticism. Remember,

constructive feedback will help you improve your marketing materials and get better results.


- **Systematically track your referral sources.** Include professional referrals, advertisements and contacts that result from public speaking engagements, community involvement and other networking activities. During your initial contact with new clients, collect data about how they found out about you. This task can be as simple as adding one question to your intake form or just asking a new client when he or she calls to schedule the first appointment.
- **Periodically administer a client satisfaction survey.** Use the resulting data to identify areas in need of

development and let clients know you are listening by addressing concerns, implementing realistic suggestions and communicating those changes in vehicles such as your practice newsletter, memos posted in your waiting room or a brief letter to your clients.

Every person with whom you interact is a potential client or referral source. Every document and communication from your practice is a marketing tool that can make or break a potential referral. By defining how you want others to perceive you and your practice and ensuring that your materials and the way you present yourself are consistent with that image, you can better reach those who could benefit from your services, help them make effective treatment decisions and drive business to your door. 

Staking Your Claim *continued from page 7*

- **One more tip:** Psychologists in states with prompt payment laws may be able to use these laws to press insurance companies to pay claims within the required time. These laws typically require the company to pay within 30 days of receiving a “clean claim” that contains all the information a payer needs to process the claim.

And a final important consideration: Consider who should deal with time-consuming insurance company interactions including submitting claims and handling denials. While some psychologists conduct these activities on their own, others hire support staff or engage an outside billing service. Using others to handle the administrative demands frees up the psychologist to devote more time to revenue-producing professional activities. 

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FOR MORE HELP

The Reimbursement section of the Practice Central website at appracticecentral.org provides additional guidance about claims submission and follow-up. Numerous articles on billing and coding for your services are accessible to members of the APA Practice Organization at appracticecentral.org/reimbursement/billing/index.aspx.

IMPORTANT DEADLINE FOR MEDICARE PROVIDERS

By December 31, 2010, all Medicare providers must enroll or verify enrollment information via the Medicare Provider Enrollment, Chain and Ownership System (PECOS). Failure to register with PECOS will result in the denial of Medicare claims as of January 1, 2011.

PECOS is an Internet-based system for mandatory Medicare provider enrollment that verifies providers have a valid National Provider Identifier (NPI). Providers who enrolled prior to 2003 or who have not updated their enrollment information since 2003 should verify their enrollment status to ensure that they are included.

In order to enroll, providers must have a web user account with the National Plan and Provider Enumeration System (NPPES) administered by the Centers for Medicare and Medicaid Services (CMS), and must have an established NPI. However, simply having an NPI does not guarantee that providers are enrolled.

After January 1, 2011, if a psychologist or a referring physician who is not enrolled in PECOS is listed on a Medicare claim, the claim will be denied.

The PECOS system and registration instructions can be accessed online through the secure Medicare enrollment site at <https://pecos.cms.hhs.gov/pecos/login.do>.

Helping Patients with Diabetes Make Life-Saving Behavioral Changes

Practitioner Profile: Amy Walters, PhD



Amy Walters, PhD

Amy Walters wasn't looking for a career change when she agreed to volunteer at a week-long camp for young Idahoans with Type 1 diabetes more than a decade ago. "Living in Idaho and being into outdoor rec, I just thought it sounded like a good opportunity," she says. But what she found up in the Sawtooth Mountains was a whole new passion.

"I hadn't been exposed to chronic illness before," says Walters, who found herself impressed by the resilience of the 100 teenaged campers but also moved by their emotional pain. "It struck me how chronic illness impacts not only the body but the human spirit as well."

Walters didn't just keep volunteering at Camp Hodia every summer. Today she's also director of behavioral health services at Humphreys Diabetes Center in Boise, which provides education in diabetes prevention and self-management to children and adults with Type 1 and 2 diabetes. And she has gained first-hand experience of just how difficult chronic illness can be. Four years after Walters began volunteering at the camp, her infant daughter was diagnosed with diabetes.

Following her passion

The daughter of an Idaho psychologist, Walters set out to be a generalist. She earned a doctorate in combined professional-scientific psychology from Utah State University in 1996, plus certification in school psychology. A 60-hour-a-week job as director of psychological services at a counseling center proved impossible for maintaining a good balance between work life and home. She quit to launch a private practice and work part-time as a school psychologist.

Then doctors and nurses from Camp Hodia started referring patients to her. "But despite all these referrals, they wouldn't show up," says Walters. "I'd talk to these kids at the camp in the summers, and they'd say, 'I'm not crazy. I don't need a shrink. I just have diabetes.'" What was needed, Walters

was convinced, was to "normalize" psychological services by integrating them into routine health care.

That's exactly what Walters did. One of her fellow camp volunteers was the medical director of the Humphreys Center, and she approached him with the idea of adding a behavioral health component to the center's offerings. By the time Walters contacted the center's executive director, the seed was already planted. In 2008, she began working at the center one day a week and has increased her hours since then.

"Especially raising a daughter with diabetes, I have realized how significant psychosocial factors are in treatment compliance," says Walters, who closed her private practice but still works part-time in two elementary schools. "I really wanted to provide some support to the community."

Focusing on behavior change

Now Walters is helping patients with Type 1 and Type 2 diabetes ranging in age from two to ninety. Her goal? To help them make the behavioral changes they need to stay healthy.

"Patients will say, 'I know what I'm supposed to do, but I'm just not able to do it,'" Walters explains. "Compliance is difficult for patients asked to take a 10-day antibiotic, let alone when they're asked to test blood sugar and take insulin shots four to six times per day for the rest of their lives."

In individual therapy, typically short-term, Walters helps patients overcome whatever is holding them back, whether it's lack of motivation, inadequate stress management or poor coping skills. People with diabetes are at higher risk for anxiety and depression, so she also helps patients work through those issues.

Adolescents can be especially challenging. "Normal adolescence involves testing limits and becoming more independent, but that can have a detrimental impact on diabetes," says Walters. "It can become a power struggle with parents, and the result is often kids not taking care of their diabetes and ending up in the hospital."

An innovative new program Walters developed called Walk-n-Talk will bring patients together for an hour-long discussion of barriers to good diet and exercise habits each week, fol-

lowed by a 30-minute walk. The idea is to give patients social support and help them start building good habits together.

Working as part of a health care team is key, says Walters, who provides consultation and training to the nurse educators and other center staff. Her monthly in-service trainings, for instance, have focused on motivational interviewing, stress management and depression. And staff members often pop into her office for advice on cases they're struggling with.

"Initially they were thinking, 'Ok, if I have an anxious or depressed patient, I'll refer them,'" says Walters. "Now they understand that my services are for everyday patients who need assistance in making behavioral changes or coping emotionally with having a chronic illness."


Walters plans to keep increasing the services she offers and the hours she spends at the center. "As we build the client and referral base, they're definitely interested in me expanding my time here," she says.

Educating the public

Staff and patients at the Humphreys Center aren't the only audiences Walters is intent on educating about how to manage chronic disease.

Active in the Idaho Psychological Association, she was surprised to learn there was no chair to coordinate the state's participation in the American Psychological Association's (APA) Public Education Campaign (PEC) and promptly volunteered.

"My goal as PEC Coordinator is to help educate the public about the key role psychologists can play in health care; this message is perfectly aligned with my work at the diabetes center," she says. Walters will be helping APA develop a new workshop on disease management to be offered through YMCAs.

"Our country is having a health and wellness crisis," says Walters, citing skyrocketing obesity rates as just one example. "It's all about changing behavior—a challenge psychologists are perfectly suited to face." 

APA SURVEY RESULTS HIGHLIGHT CHALLENGES TO CHANGE

Psychologists are well aware that unhealthy behaviors play a central role in the development of diabetes and other chronic illnesses. Practitioners also know that motivating people to change these behaviors is an important component of preventing and managing chronic disease.

In November 2010, the American Psychological Association (APA) released findings from its 2010 Stress in America survey. Overall, the survey findings suggest that many Americans are not managing their stress successfully, which can result in poor health. Adults seem to understand the importance of behaviors such as managing their high stress levels, making healthy food choices and exercising regularly, but they report experiencing challenges to practicing these healthy behaviors.

Among the survey findings related to the role of willpower:

- "Lack of willpower" was the most common reason—cited by 29 percent of survey respondents—for not following through with lifestyle changes recommended by health care professionals.
- More than two-thirds (70 percent) believe willpower is something that can be learned.
- While both men and women cite lack of willpower as the number one barrier to change, women are more likely to cite this factor as a barrier preventing them from making recommended lifestyle and behavior changes (34 percent for women; 24 percent for men).
- When those reporting that a lack of willpower prevented them from following health care providers' recommendations were asked what would need to change in order for their willpower to improve, obese individuals were most likely to say feeling better about themselves (56 percent) or caring more for their health (54 percent). Having more energy (51 percent) and more confidence (51 percent) were the top responses for the general population.

The Stress in America survey was conducted online in August 2010 by Harris Interactive on behalf of APA among 1,134 adults aged 18 or older who reside in the U.S. Additional information about the survey and the 2010 findings are available online at stressinamerica.org.



RESOURCES ON DIABETES TREATMENT

Interested in treating individuals with diabetes? Amy Walters, PhD, recommends the following resources:

- American Diabetes Association: diabetes.org.
- APA Practice Organization. *Patients with Diabetes: What Psychologists Need to Know*. Online continuing education (CE) course: apapracticecentral.org/ce/courses/1370025.aspx.

- Hood, K. K. (2010). *Type 1 Teens: A Guide to Managing Your Life With Diabetes*. American Psychological Association.
- Snoek, F.J., and Skinner, T.C. (2005). *Psychology in Diabetes Care*. Wiley.
- Sperry, L. (2006). *Psychological Treatment of Chronic Illness: The Biopsychosocial Therapy Approach*. American Psychological Association.

Exploring Personality

Practitioner Profile: Richard Levak, PhD



Richard Levak, PhD

Ask Richard Levak, PhD, how he first got interested in personality assessment, and he begins by describing events that took place before he was born.

When Germany invaded Poland in World War II, Levak's well-to-do family was separated: His father spent six years in a German prisoner-of-war camp; his mother and grandparents found them-

selves in Kazakhstan and then Iran. His older brother spent time in Africa. When the family reunited in England after the war, says Levak, it was a mess.

"They all hated each other," says Levak, citing his father's suspicions of his mother, his grandparents' dislike of his mother and his brother's feelings of abandonment. "From the time I was a child, I just seemed to have an understanding of each of their stories and personalities."

Now a psychologist in private practice in Del Mar, CA, Levak has expanded his interest in personality far beyond the tense family dinners of his childhood. Today he has a successful practice devoted to assessing the personalities of individuals, couples, business partners and even reality TV candidates. "My practice focuses on understanding personality and how understanding personality can help people get the best out of themselves and each other," says Levak.*

A passion for the MMPI

Levak discovered his most trusted assessment tool during undergraduate work at the University of California, San Diego.

In an abnormal psychology course, the professor—a Minnesotan who had done his graduate work with the developers of the Minnesota Multiphasic Personality Inventory (MMPI)—assessed a student and offered feedback in front of the class. "It was so accurate and so helpful," remembers Levak. "I told myself, 'I really want to do that!'"

He worked with more MMPI experts during his graduate

work at the California School of Professional Psychology in San Diego. He also worked with a psychiatrist, helping him administer the MMPI and delivering feedback to patients.

Struck by the negative language in feedback reports written by psychologists, Levak developed what he calls an "empathic feedback model" that is based on the science but non judgmental. The result was a co-authored book called *Therapist Guide to the MMPI and MMPI-2* (Routledge, 1990). "It was my language on how to give people feedback on their personality profile in a helpful, therapeutic way," says Levak. His latest book about the MMPI-2 will be published in 2011.

Personality feedback

Levak now puts that model to use in an exclusively fee-for-service practice that began with very wealthy, successful residents in Del Mar and has spread far beyond. No matter who the client is, Levak begins by taking a full history, administering the MMPI-2 and offering feedback about the person's personality.

Individuals, for example, might come in to get to know themselves better. Couples might see him before getting married to get to know their future spouses better. "I would never tell people whether they should or shouldn't marry," says Levak. "I'd say, 'Given who you are and who he is, here are things to avoid and here's what you're going to have to do to get the best out of each other.'"

Businesses also take advantage of Levak's insights. The board of one corporation, for instance, was struggling to choose a new chairman. One candidate was affable and charming; the other seemed cold and Machiavellian. Levak's assessments revealed that the likeable candidate was simply a people pleaser. "The other guy didn't care about approval, but he did have a perspective and a plan," says Levak. Reassured by those findings, the board chose the seeming Machiavellian.

While most of his work is short-term, Levak does have ongoing relationships with some clients. Building a therapeutic alliance and achieving psychotherapy's goals go so much more quickly when you and the client have a deep understanding of personality, says Levak.

For others, he's more like a coach. He has monthly sessions, for example, with two business partners who came to him because they were fighting all the time. One was a big-

picture type who was sloppy with details; the other was a detail-oriented type prone to worry. “They had developed a series of bad habits, because they didn’t really know each other,” says Levak, who explained their personality types to the two men and suggested ways they could work together more effectively.

With appearances on television shows like *Larry King Live*, *Nightline* and *20/20*, Levak has also worked behind the scenes. For several years, he provided his assessment services to the producers of such reality shows as *Survivor*, *Amazing Race* and *The Apprentice*. “They wanted a psychologist to protect them from liability,” explains Levak. “They also wanted interesting characters on the show.”

Levak used in-depth interviews and a battery of tests, including the MMPI-2, an IQ guesstimate and a measure of emotional resilience, to assess candidates for the shows. He sought candidates who were interesting, had the psychological fortitude to cope with being on a reality show and represented a different mix of personality types.

“I got to meet people I would never meet in practice,” he says, adding that most candidates were so resilient and confident they would never need his help. “I’d ask them if they’d ever lost a night’s sleep because they were worried, and they wouldn’t even understand the question.”

While the work was endlessly fascinating, Levak eventually tired of regularly spending weekends in Los Angeles.


A growth area

Although Levak is concerned that graduate programs no longer teach assessment as thoroughly as they should, he sees his work as the natural outgrowth of psychology’s earliest history.

“Assessment is what psychologists started out doing,” he says, explaining that psychologists were originally adjuncts to psychiatrists in the hospitals. “They were psychometricians.”

Of course, Levak’s practice has taken him far beyond merely working with a psychiatrist. And, he says, that career has been very rewarding. “You can make a great living with this kind of work,” he says. Returning to psychology’s roots in assessment is also a smart move for those looking for a growth area, he’s convinced.

Levak noted magazines are loaded with content such as “Six attributes of this type of person” or “Know yourself using this quiz.” Levak says, “People are insatiably hungry to know themselves, to know their kids, to know their loved ones.”

* For much of his career, Levak spelled his name “Lewak.” 

PSYCHOLOGICAL ASSESSMENT SURVEY HIGHLIGHTS

During the fall of 2009, the APA Practice Organization invited nearly 2,000 members to participate in an online survey about psychological assessment practices. The survey, done in collaboration with the Society for Personality Assessment, had a 14 percent response rate.

Among the survey highlights:

- Of those practitioners who conducted any assessment, the psychologists spent an average of 30 percent of their direct practice time conducting psychological assessment.
- Participating psychologists were asked how often they used psychological assessment/testing for designated situations. The three situations where the highest percentage indicated that they conducted testing “routinely” or “frequently” were: to assist in diagnosis (54.9 percent of respondents); to assist in making treatment, academic or vocational recommendations (46.8 percent of respondents); and to screen for or document cognitive or neuropsychological deficits (42.3 percent of respondents).
- Survey participants were asked how much various factors would increase their use of psychological testing. Slightly more than 60 percent of respondents said that higher reimbursement rates would “completely” or “very much” increase their use of testing. The second most highly rated factor with an impact on testing use was the availability of free assessment instruments, i.e., in the public domain—identified as “completely” or “very much” a factor by 26.5 percent of survey respondents.

Also during the fall of 2009, approximately 1,000 members of the APA Practice Organization responded to a web-based survey regarding satisfaction with insurance company practices. Members were asked to report their satisfaction on a variety of factors for up to three different insurance companies. Survey participants were asked about frequency of payment for psychotherapy visits as well as assessment and testing services. Respondents reported a much lower frequency of payment for recommended assessment and testing services than for psychotherapy visits. Survey findings are reported in the Summer 2010 issue of *Good Practice* magazine. (See “Psychologists Rate Their Experiences with Health Insurers,” page 10.)

SPECIAL SECTION

Implementation of the Federal Parity Law

This special section of *Good Practice* focuses on implementation of the federal mental health parity law, the Wellstone-Domenici Mental Health Parity & Addiction Equity Act (MHPAEA) of 2008. The federal rule pertaining to implementation of this federal parity law takes effect on January 1, 2011, for most health plans to which MHPAEA applies.

The APA Practice Organization (APAO) and the American Psychological Association offer an array of informational resources for members and the public about the parity law.

PARITY RESOURCES

FOR MEMBERS

See pages 17-18 of this magazine for answers to common questions from members about the federal parity law and its implementation. Our Practice Central website at apapracticecentral.org (see box on this page) contains considerably more information tailored for psychologists, including a detailed summary of the federal rule available to members of the APA Practice Organization (APAO). In addition, the *PracticeUpdate* e-newsletter from APAPO periodically includes information and updates about MHPAEA.

FOR CLIENTS AND CONSUMERS

The FYI fact sheet found at the end of this special section is designed to help your clients and other consumers of psychological services understand how mental health insurance coverage is affected by MHPAEA. The page is perforated for easy removal. Members are encouraged to photocopy and distribute this fact sheet to their clients as well as disseminate it as appropriate during public education events and other community outreach activities.

The APA Help Center at apa.org/helpcenter has additional information for the public about the mental health parity law and mental health insurance. The mirror site, Centro de Apoyo de APA en Español at apa.org/centrodeapoyo, contains Spanish-language versions of Help Center material.



The Mental Health Parity section of apapracticecentral.org contains extensive information about MHPAEA.

FOR EMPLOYERS

The Psychologically Healthy Workplace Program (PHWP) website—phwa.org—contains information and resources for employers and the psychologists who work with them. The site prominently features “An Employer’s Guide to the Mental Health Parity and Addiction Equity Act.” In addition, the PHWP’s Good Company Podcast from October 2009 focuses on MHPAEA while a posting from the same month to the Good Company Blog contains a presentation on understanding the federal parity law.

PRACTICE  CENTRAL

FIND MORE AT PRACTICE CENTRAL

The Mental Health Parity section of the Practice Central website at apapracticecentral.org contains numerous resources related to the Wellstone-Domenici Mental Health Parity & Addiction Equity Act. Visit apapracticecentral.org/advocacy/parity for detailed information about implementation of the law, the history of organized psychology’s quest to achieve parity legislation and additional resources.



The Wellstone-Domenici Mental Health & Parity Addiction Equity Act

A question-and-answer guide for psychologists

The Paul Wellstone and Pete Domenici Mental Health Parity & Addiction Equity Act (MHPAEA) became law in October 2008. The federal government published its Interim Final Rule (IFR) in February 2010 to implement this full mental health insurance parity law. The IFR provides clear guidance and strong consumer protections that become effective for health plan years beginning on or after July 1, 2010. For most plans, this means that the IFR will apply on January 1, 2011.

A group of managed behavioral health organizations filed a lawsuit against the federal government in the spring of 2010 to block implementation of the IFR. On June 21, a judge with the U.S. District Court for the District of Columbia dismissed the lawsuit, allowing the regulatory process governing the federal parity law to proceed.

Practicing psychologists have raised numerous questions about MHPAEA and its impact on practitioners and consumers of psychological services. This question-and-answer article addresses several common inquiries.

Q: Can I assume that all my patients are covered by the federal parity law?

A: No. MHPAEA covers most but not all health plans. The federal law applies to employer-sponsored group health plans of more than 50 employees. State and local government employee plans may opt out of the federal parity law, though few of these plans have done so.

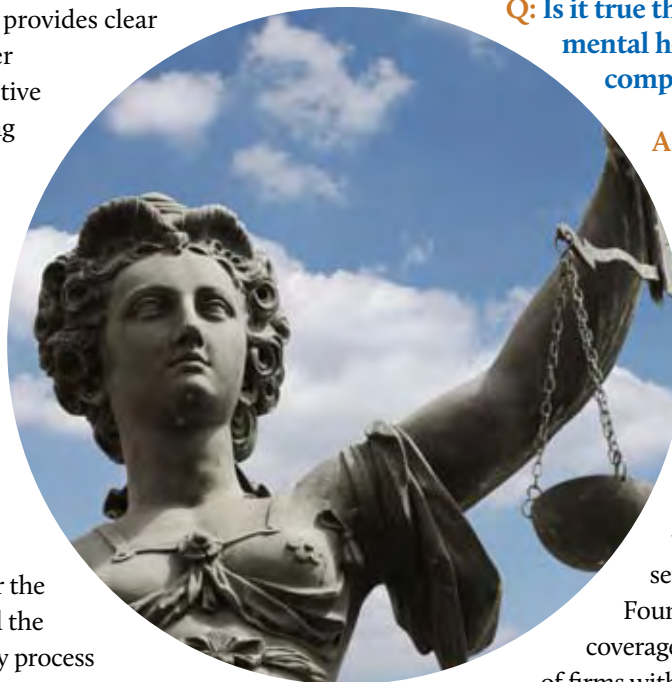
If a plan does not cover mental health benefits, MHPAEA would not pertain to your patients in such a plan. Fortunately, nearly all employer-sponsored health plans cover mental health services.

Q: Is it true that health plans may drop mental health benefits rather than comply with the new parity law?

A: MHPAEA does not mandate the inclusion of mental health or substance use benefits in insurance plans. Instead, the parity law contains “coverage conditions” that apply only if a plan covers such services. We do not expect implementation of the rule governing the federal parity law to have any substantial impact on the nearly universal extent of mental health services coverage. The Kaiser Family Foundation’s 2010 survey of health coverage found that less than 2 percent of firms with more than 50 employees—those to which MHPAEA applies—dropped mental health insurance coverage because of the federal law.

Q: Some state parity laws apply only to the “biologically based” disorders involving serious mental illness (SMI) such as schizophrenia or bipolar disorder. Is it true that the new federal parity law requires insurance companies to extend parity coverage to a broader range of mental health services?

A: Under MHPAEA, parity requirements apply to all diagnoses covered by a plan, not just a narrow list of SMI diagnoses. The federal law “wraps around” state laws like New York’s Timothy’s Law. For example, insurance plans in



Implementation of the Federal Parity Law *continued from page 17*

New York must still cover the state’s list of “severe mental illnesses” in their benefit packages. For health plans in New York provided by employers of more than 50 people, MHPAEA further requires any additional mental health/substance use services covered by the plan to be at parity with medical/surgical services.

Although not a common practice, an insurer may exclude coverage of particular diagnoses—for example, autism or ADHD—in its coverage agreement with an employer. Check with the employer’s human resources office to verify that a diagnosis exclusion applies.

Q: My patient’s insurance plan has an arbitrary limit on the number of outpatient mental health sessions per year. What should I do?

A: A plan that continues to use a prior mental health benefit limit—for example, 30 inpatient days and 20 outpatient sessions per year—is in violation of MHPAEA if the same limits are not placed on medical/surgical benefits. You or your patient may wish to contact the health plan to urge compliance with the law. Alternatively, your patient may want to contact his or her human resources office for assistance.

Q: My patient’s insurance company does not require pre-authorization for outpatient medical/surgical visits to primary care physicians such as internists and family physicians, but does require pre-authorization of outpatient psychotherapy visits in order to be reimbursed for these services. What should I do?

A: The Interim Final Rule goes beyond what many people normally think of as benefits requirements. Under the Wellstone-Domenici parity law, a health plan may manage benefits under the terms and conditions of the plan. If a plan does so, the IFR requires that management of benefits must be at parity.

The Interim Final Rule stipulates that mental health benefits may not be managed more stringently than medical/surgical benefits. Pre-authorization requirements are one form of benefits management. If a plan imposes pre-authorization requirements on mental health benefits that it does not impose on most medical/surgical benefits, that plan would be violating the parity law. Pre-authorization requirements and

“Although not a common practice, an insurer may exclude coverage of particular diagnoses in its coverage agreement with an employer.”

other “non-quantitative treatment limitations” (NQTL) that may be applied to mental health services must be comparable to NQTLs that apply to medical/surgical benefits.

Insurance companies seem to be interpreting and applying this requirement differently, and they may continue doing so after January 1, 2011. Staff for the APA Practice Organization is working with state psychological associations to help resolve situations where insurance companies appear to be applying the “comparable to” standard inappropriately. We will continue to keep members informed about relevant developments.

Q: My patient’s health plan is requiring a higher patient copayment for my services because the plan considers me a “specialist.” Does the new law consider me a specialist?


A: No. The Interim Final Rule explains that a plan that requires mental health providers to be classified as specialists for the purposes of calculating copayments is violating the law.

Q: Should my patient or I report non-compliance by an insurer to the government?

A: Beyond speaking with a human resources office and the insurance company, you and/or your patient may file a formal complaint with the federal government.

Complaints about insurance plans regulated under state law may be made via a toll-free Health & Human Services help line at 1-877-267-2323, extension 61565 or by emailing phig@cms.hhs.gov.

For “self-funded” plans governed by the federal law known as ERISA (generally those of large employers), the Labor Department may be reached at 1-866-444-3272 or with an online form found at askebsa.dol.gov/SecInIt.

A word of caution to temper expectations: There may not be adequate staffing to investigate each complaint received. 



Mental Health Insurance Under the Federal Parity Law

Most people in the United States have health insurance coverage, typically provided by their employer. Historically, many health insurance plans provided far less coverage for mental health services compared to physical health (medical/surgical) services. For example, a health plan might have covered only 50 percent of costs related to seeing a psychologist but 80 percent of costs related to seeing a primary care physician.

To help end discriminatory insurance coverage of mental health and substance use services, Congress passed the Wellstone-Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) in 2008. This question-and-answer guide explains how this historic federal law affects insurance coverage for mental health and substance use services.

What is the Mental Health Parity and Addiction Equity Act?

The Mental Health Parity and Addiction Equity Act, or MHPAEA, requires private health insurance plans to provide equal coverage for mental and physical health services. Congress passed MHPAEA so adults and children suffering from mental health disorders, such as anxiety and depression, and substance use disorders, such as those related to alcohol use, would have better access to the treatment they need.

When does MHPAEA take effect?

The law took effect on January 1, 2010. The following month, the federal government published a rule that provides guidance for group health insurance plans on how to comply with MHPAEA. For most health plans affected by the federal parity law, the federal rule pertaining to MHPAEA will begin to apply on January 1, 2011.

Does the law apply to my health insurance plan?

The law applies to all group health insurance plans for more than 50 employees that provide mental health or substance use disorder benefits as part of the plan. MHPAEA does not apply to smaller group health plans or to Medicare. State and local government employee plans may opt out of the federal parity law, though few of these plans have done so. Importantly, plans for 50 or fewer employees are subject to the requirements of state mental health parity laws.

Does MHPAEA require my health plan to provide mental health benefits?

MHPAEA does not require private health insurance plans to include mental health benefits. Even so, nearly all employer-sponsored health plans in the United States include these important benefits.

Is my employer likely to stop providing mental health benefits as a result of MHPAEA?

Employers are very unlikely to do so. The Kaiser Family Foundation's 2010 survey of health coverage found that less than 2 percent of firms with more than 50 employees – those to which MHPAEA applies – dropped mental health insurance coverage because of the federal law.

What does “mental health and substance use parity” mean?

Mental health and substance use parity means that coverage for mental health and substance use benefits must be at least equal to coverage for physical health benefits. In other words, all of the financial requirements and treatment limitations applied to mental health and substance use benefits may be no more restrictive than those applied to physical health benefits.

Financial requirements include lifetime and annual dollar limits, deductibles, copayments, coinsurance and maximum out-of-pocket expenses. Treatment limitations include frequency of treatment, number of visits, days of coverage and other similar limits.

What kinds of treatment limitations and financial requirements are prohibited under MHPAEA?

A health plan may not place a treatment limitation or financial requirement on mental health and substance use benefits unless the same limit is placed on physical health benefits.

For example, a plan covered under MHPAEA may not apply a 20-visit annual limit to seeing a psychologist but no annual limit to seeing a physician. If annual office visits to your physician are not limited, annual office visits to a psychologist may not be limited.

Another example: A patient may not be required to make a \$50 copayment for a psychotherapy session but only a \$20 copayment for a physician's office visit. The patient's out-of-pocket expense must be the same for both visits.

Does a health insurance company have to tell me why it has denied an insurance claim?

An insurance company may deny a claim for a variety of reasons. A common reason is that health plans only pay for services that they consider to be "medically necessary." MHPAEA requires insurance plans to make their medical necessity criteria available to current or potential participants. A health plan must inform participants why a claim has been denied, whether due to decisions about medical necessity or other reasons.

Is MHPAEA limited to coverage of certain mental health diagnoses?

No. MHPAEA does not exclude any mental and substance use disorders diagnoses. Under the federal law, parity requirements apply to all services covered by a health plan.

MHPAEA does not prohibit a health plan from denying coverage of individual mental health or substance use disorder diagnoses. Although not a common practice, a health plan may disallow coverage for individual diagnoses as specified in the terms of its coverage contract with an employer.

Does MHPAEA apply to out-of-network services?

Yes. When people have access to "out-of-network" (OON) services through their health plan, it means they may receive services from health care providers such as psychologists and physicians who do not participate in the health plan's network of providers. If a health plan that must comply with MHPAEA provides both OON physical and mental health/substance use disorder benefits, these benefits must be provided at parity. If a plan offers OON benefits only for medical/surgical services, the parity law requires the plan to add OON mental health and substance use disorder benefits, at parity.

What should I do if I think my health plan may not be complying with MHPAEA?

Speak with the human resources staff person or other employee in your company or organization who oversees the health insurance plan. You may also want to contact a representative of the insurance company that administers the health plan to raise your questions and concerns.

Further, you have the option of filing a formal complaint with the federal government. Complaints about insurance plans regulated under state law may be made via a toll-free Department of Health and Human Services help line at 1-877-267-2323, ext. 61565. For "self-funded" plans governed by the federal law known as ERISA (generally those of large employers), you may contact the Department of Labor at 1-866-444-3272.

October 2010

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The screenshot shows the Practice Central website. At the top, there's a navigation bar with the logo and menu items: "CE & Professional Development", "Legislative & Legal Advocacy", and "Reimbursement". Below the navigation bar is a search bar with the text "Practice Central" and a "GO" button. The main content area is titled "Welcome to Practice Central" and includes a paragraph about the organization's mission. Below this, there are four featured sections, each with an image and a title:

- Continuing Education & Professional Development**: Check out our [Course Catalog](#) with continuing education (CE) courses tailored needs and interests of practicing psychologists. This section also features additional professional development opportunities, along with APA-approved guidelines for practitioners, clinical information, resources for early-career psychologists, self-guidance, and more.
- Legislative & Legal Advocacy**: The complex and fast-changing health care delivery system requires your engagement in legislative, legal and regulatory developments. With the support of grassroots psychologists, the APA Practice Organization (APAPO) advocates for professional interests of practitioners in all settings. Learn about important advocacy efforts, and support professional psychology's federal legislative initiatives by using the Legislative Action Center.
- Reimbursement**: In an era of strict cost containment, psychologists need information and tools to maximize their reimbursement and payment for services. Learn about health care behavior and billing codes and how to complete the CMS-1500 form. And discover numerous pointers for billing and working with private health insurers and Medicaid.
- Business of Practice**: Staying competitive in the evolving health care marketplace requires you to take an active role in building, managing, marketing and diversifying your practice. Find helpful material in this section, along with guidance in complying with legal and regulatory requirements facing practitioners.
- Public Education & Outreach**: APA and APAPO coordinate grassroots efforts aimed at educating the public about psychology and psychological services, including public education campaigns, Psychologically Healthy Workplace Program and a National Network of Psychologists who offer consultations specifically to assist working with business success.

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- **Working with Children and Adolescents**
- **Staking Your Claim with Health Insurers**
- **Does Your Professional Image Reflect Your Strengths?**
- **Helping Patients with Diabetes Make Life-Saving Behavioral Changes**
- **Exploring Personality**
- **Implementation of the Federal Mental Health Parity Law**
- **Removable Public Education Resource**