

Fall Newsletter



Here's what has happened in the last month and what's to come!

Welcome to our Fall Newsletter. We are excited to share with you a number of articles, a message from our president and director, legislative updates, and upcoming events.

We would like to express our gratitude to all of our members and their commitment and dedication to the mental health space.

We are thrilled to announce that House Bill 1085 has passed both the house and the senate during the fall veto sessions. This bill helps to establish higher reimbursement rates for private insurance for mental health professionals.

We are also happy to inform our members that registration is available for our 2026 Annual Conference in Orland Park, Illinois. The theme for the conference is, "The Clinical Implications of the Social Digital Age". We will be hosting Keynote presentations on both Friday and Saturday, and we will be announcing our breakout presentations soon.

Finally, we look forward to sharing this content with you and we hope that you learn something new.

Enjoy this month's newsletter!

IMHCA Team

In this newsletter you can expect:

Message from our President

Upcoming Events

Articles of Impact

Legislation Updates

2026 Conference Updates

Continuing Ed Requirements



Joe Feldman, President of Cover My Mental Health

the president and founder of Cover My Mental Health, a non-profit providing encouragement and resources for patients, their families, and clinicians to overcome insurance obstacles to mental health and substance use disorder care. Please direct any questions or comments to joe@covermymentalhealth.com.

Overcoming Barriers to Insurance Coverage: A Role for Clinician Advocacy

Across the continuum of mental health and substance use disorder care, insurance barriers to care are more common and more discouraging than would be expected from organizations asserting their commitment to member care.

And while federal and state laws and regulations have surely made an impact with greater expectations of coverage, the ambitions of “parity” laws have yet to be fully realized.

Enough! There must be something we can do.

Impatience is the mother of invention

Over the last seven years, I have had the opportunity to advocate for better laws and enforced regulations for mental health care at both a federal and state level. My advocacy began following a successful fight for coverage when our insurer denied care for one of our adolescents. And while such efforts are important, I've learned that changing laws simply takes a very long time. You might say that my advocacy impatience prevailed, resulting in the spring 2024 launch of Cover My Mental Health.

The goal of Cover My Mental health is to offer immediately-actionable resources for overcoming insurance obstacles. We focus first on providing patients, their families, and clinicians with encouragement that you do not have to take ‘no’ for an answer. As this community of mental health counselors knows far better than I do, encouragement is very powerful.

“So, what is Cover My Mental Health all about?”

We launched Cover My Mental Health to address this challenge of discouragement and ignorance about potentially-available actions when facing insurance obstacles to care. Our goal is to provide support at the point of an insurance crisis.

At our website, www.covermymentalhealth.org, patients and clinicians can find no-cost, immediately-actionable resources to help overcome insurance obstacles to care:

Our resources specifically for clinicians support key opportunities for more effective patient advocacy, including:

- Tips for your patients' interactions with insurance company representatives;
- Preparation of medical necessity letters responsive to insurance company obstacles related to: frequency of care, duration of care, levels of care, impositions of step therapy, and other intrusions into a clinician's care of their patient.
- Improved preparation and conduct of peer-to-peer reviews with insurance companies, such as for prior authorizations, progress check-ins, medical necessity determinations, and similar reviews.
- Actions available “if at first, you don't succeed,” such as formal insurance complaints, use of constituent services, and regulator complaints.

Many of our resources are appropriate for use in collaboration with patients, including downloadable templates to facilitate documentation and communication supportive of insurance coverage.

Medical necessity letter in action;

Here's a story of how a patient facing insurance push-back used our medical necessity letter template to secure insurance coverage for severe anxiety care:

I was in a car accident in February. I had previously dealt with significant car-related anxiety, to the point where I found it difficult to be a passenger in the car. My insurance company offered \$5000 of medical coverage for the accident, and I wanted to spend some of that on mental health services to deal with my anxiety post-accident, but I was not sure if mental health would be covered. Cover My Mental Health provided resources including a template letter of medical necessity that I could give to my mental health care team. The letter detailed the reasons why mental health services were necessary following the accident and outlined a treatment plan. I sent the letter to my insurance company, and they reimbursed me for mental health services, no questions asked!

Formal insurer complaint in action:

And here is another story of a clinician specializing in OCD care who used a formal insurer complaint to resolve a billing dispute in spite of an agreement for out-of-network coverage:

"Several of our patients were unable to find qualified OCD providers within their insurance networks. With persistence, they were able to secure SCAs that allowed the clinic to bill insurance directly at a contracted rate - one that reflects the expertise required for effective OCD treatment. At first, everything seemed to be going smoothly.

"However, after submitting claims under these agreements, we ran into problems. Payments were delayed, inaccurately processed, or denied altogether. Repeated follow-up calls yielded little progress."

"We were introduced to the idea of filing a formal complaint with the insurer – a process we hadn't fully explored. On our next call, after another round of evasions, we informed the insurer of our intent to file a formal complaint regarding their handling of the claims. "The response was immediate. Suddenly, we were told a complaint wouldn't be necessary and that payment would be issued right away."

Let's even the playing field!

So, with the resources of Cover My Mental Health at hand, it may be just a little easier to answer the question, "Who can help me deal with health insurer standing in the way of mental health care?"

It turns out, you can.

