

CME/CE Workshop Opportunities

| | Presentation summary | Learning objectives |
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| Overview Barriers to Insurance Coverage: The role for clinician advocacy | <p>Individuals encountering insurance obstacles and denials rarely push back. Clinicians are also conditioned to accept "no" for an answer when it comes to private insurance coverage for mental health and substance use disorder care.</p> <p>The presentation will introduce those tools and encourage patients and providers that insurance obstacles to care can be overcome.</p> | <ul style="list-style-type: none"> (a) Potential actions to push back against insurance company obstacles that are <i>not revealed</i> in insurance policies and may provide more timely results than formal insurance appeals. (b) The important support available from friends or family members, from employers, and from government towards overcoming insurance obstacles, and (c) How the resources of Cover My Mental Health can bring immediate value to the efforts of patients, their families, clinicians, and community-based advocates working to improve access to care. |
| Medical necessity letters | <p>Medical necessity letters “can be an essential tool in patients’ dealings with insurers, empowering patients to preempt or reverse insurance denials by reinforcing the basis of case-specific clinical decisions and establishing the clinician’s assessment of the treatment as ‘medically necessary.’” (Journal of Psychiatric Practice July 2021).</p> <p>This presentation will introduce medical necessity letters, including the essential composition of the letters, the clinical occasions when letters may be helpful to securing insurance coverage, and success stories from use of letters based on Cover My Mental Health templates.</p> | <ul style="list-style-type: none"> (a) Essential elements of medical necessity letters to document a clinician’s training, competence, clinical evaluation, risk assessment, and determination of appropriate treatment. (b) Clinical occasions when a medical necessity letter may be valuable in support of a patient’s securing insurance coverage for treatment (c) Advantage of medical necessity letters as first-line support for patient care disputes with insurance companies |
| Guidance for peer-to-peer review | <p>Clinicians treating patients with mental health and/or substance use disorders may encounter required discussions with health insurer “peers” in connection with (a) prior authorizations, (b) progress check-ins, (c) medical necessity determinations, and (d) similar “reviews,” quality oversight, or appeals.</p> <p>The presentation will provide guidance and “best practices” to support better preparation and conduct of peer-to-peer reviews to optimize achieving insurance coverage of medically necessary care.</p> | <ul style="list-style-type: none"> (a) Patient-centric goals for a peer-to-peer review (b) Agenda and key talking points to guide the conduct of a peer-to-peer review in support of the patient’s treatment plan and alignment with the insurer as to appropriate coverage (c) Documentation recommendations for peer-to-peer reviews, including for potential future disputes, for assurance of follow-ups commitment by the insurer, and supporting follow-on actions in case of denied insurance coverage |

For more information or to schedule a presentation, contact Cover My Mental Health president Joe Feldman at joe@covermymentalhealth.com