CME/CE Accreditable Webinars

	Presentation summary	Learning objectives
Overcoming Barriers to Insurance Coverage: The role for clinician advocacy	Patients and clinicians often feel helpless about preventing or challenging insurance denials, while clinicians often need guidance in optimally conducting peer-to-peer reviews or otherwise engaging with insurers. Patients and clinicians may just give up when faced with the byzantine insurance bureaucracy. Resorting to use of AI tools to write appeal letters is risky because of serious threats to patient privacy. Too often, clinicians and patients simply take the insurance company's "No" for an answer. This session offers immediately actionable guidance for refusing to take "No" for an answer.	(a) Gain familiarity with the essential elements of medical necessity letters to document a clinician's training. competence, clinical evaluation, risk assessment, and determination of appropriate treatment, as well as the clinical occasions for their use. (b) Apply guidance including an agenda and key talking points, for 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) Realize available actions in support of patient access to care, including formal insurance complaints, securing a complete insurance file, constituent services support, and other guidance to patients for their self-advocacy
Medical necessity letters	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). 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.	(a) Gain familiarity with the essential elements of medical necessity letters to document a clinician's training. competence, clinical evaluation, risk assessment, and determination of appropriate treatment, as well as the clinical occasions for their use. (b) Ascertain the clinical occasions when a medical necessity letter may be valuable in support of a patient's securing insurance coverage for treatment (c) Evaluate the advantage of medical necessity letters as first-line support for patient care disputes with insurance companies
Guidance for peer-to-peer review	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. 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.	(a) Gain clarity regarding the value of focusing first on patient-centric goals for a peer-to-peer review (b) Apply guidance including an 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) Review 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