NASW
National Association of Social Workers
NEW YORK STATE CHAPTER

PRIVATE PRACTICE ACTION WORKGROUP
MEETING MINUTES
September 18, 2020

- Meeting Speakers:
  - Kalli Kontos Workgroup Facilitator and Second Vice President of Budget and Finance of NASW-NYS
  - Samantha Fletcher, Executive Director NASW-NYS
  - Evelyn Williams Policy Coordinator.

- Kalli Kontos opened the meeting and identified the purpose of this workgroup.
  The idea historically, also on the listserv, there's been a lot of discussion over the years regarding concerns for private from a private practice perspective. So in my communicating some of these concerns with the board, we came up with the with this idea of a private practice Action Group. The theme, the mission behind it is to offer a venue for private practitioners to express concerns regarding the profession, regarding the services that we offer regarding policy, and efforts to make changes or changes. We all know the struggles with insurance companies for one reason or another, But we all know our struggles as individual voices. So what better way to make a change, especially now, in the midst of a pandemic, when everything has been turned upside down. This is the opportunity to really group together collectively as one voice to really make a list of what our concerns are, that make it louder, that we can collectively have a voice and make change for our profession.

- Samantha Fletcher introduced herself and expressed NASW supports all social workers in all areas of the profession. This group was created through the identified need from ongoing expression of concerns from listserve members regarding matters related to clinical social workers in clinical and private practice settings.

  I really want people to know is that I'm here to serve you. And I'm here to support you in your practice. And I'm here to help all social workers, which definitely includes clinical social worker, so I appreciate the listserv and everything that you write in the listserv. We know what's going on and the issues that you're facing. We can better serve you and I'm thrilled to introduce Evelyn Williams, our policy coordinator

- Evelyn Williams, was introduced as the policy coordinator of NASW-NYS.
  I've been involved in legislative activities for a long time. One of my philosophies based upon my experience over a number of years has been that there is we do have power. That means if we consider ourselves either constituents or practitioners, but the people who are not sitting in the decision making seats, let's say, and some often as we may think that because we're not at the table itself, where we don't have the representatives at the table who speak for us, that we are not heard, and, or that we don't have the power to be able to have our interests heard, considered, and wherever possible to actually have changes occur that then benefit our ability to be able to continue to do our work and the way we like to do it.

  We had we talked about this action group as a way of power is in numbers. So, you know, and hearing some of the issues that individually, people were emailing Sam, regarding, particularly around telehealth, and, it was individually focused, however, if you're trying to deal with a state agency, or you're trying to deal with the legislature, your voice is louder when you're in a group. And so we see this as an opportunity to clarify, what are the issues that are impacting you, as private practitioners, and for what I'm hearing, it goes beyond just COVID-19. But I think what happened with COVID-19 is COVID-19, actually brought up some of the issues that have already been there, but now trying to just deal with the pandemic, it exacerbated the breakdown or barriers, and you might be in an inverse relationship with insurance company, the understanding the scopes in terms of and how to best deal with insurance companies, etc. So, so this is the beginning of what we hope will be a way in which we may be able to address some of these issues.

  Some of your issues may not be issues that need to be addressed legislatively; it may be issues that may need to be addressed by the appropriate agencies. And so therefore, via perhaps the glamorous office, if it's a thing of that the state agencies are not responding, then that means you go to the governor's office, and you go through the governor, to then have the state agencies to be more amenable to working with you really, to your concerns, to be able to do all of this.

So what we need to understand clearly are what are the issues that you are experienced?
Now, there's this also a level in that in terms of as individuals, you will have individual issues. What we're looking at is what are the collective issues? What are the issues that seem to be present across whatever domains you're working in, or whatever providers, you know, if you're working for a provider who's billing via them for your services, or your dependent completely, whatever that is, there probably will be some of those issues that are germane and some extent, to a number of you at one time.

So that's the kind of thing that we are looking for from you as a way to begin to understand what your needs are and then how the chapter can help. What we are doing is to let you know now that we have heard some of the issues through Kalli

- An intern will be conducting research on insurance companies, five specifically, with a focus on policies, reimbursement policies, contractual, all these kinds of things. So we can just understand exactly how these insurance companies function related to their contract policies, their reimbursement policies, their pricing policies, so we can just get an understanding of their world

- A review of insurance companies, whether or not from a legal or procedure perspective, or contractual perspective, whether or not the insurance companies are living up to the contractual obligations that they have

- And as and then we will match that along with some of the issues that you're having related to the insurance companies and COVID specifically, because something that is immediate right now, and can be addressed right now. A summary of the extension, where it was saying, for instance, to copays, where it says that, this is, extended for six months, but the question is, and that we have to deal with some issues around co pays.

- So, these are the kinds of things that we can deal with right away if something is not happening that should be happening, according to a news executive order, and, or according to the policies that have been prevented by the division of financial services.

BILLS CURRENTLY IN ASSEMBLY

How this action group can assist with promoting professional industry change

Here are seven bills that are currently in the assembly. When you see an A that means it's an assembly bill, when is the S is a Senate Bill. bills have to be sponsored. They have to be for a bill to even just to be activated in the assembly or Senate, one of the assembly people or Senate people, they have to sponsor the legislation. So they their name goes on to the bill that means they are the lead person they are the ones to move the legislation through committee and then on to the floor. Now, what you will have is that usually sometimes depending upon the popularity of the bill, then you will have what they call co-sponsors. And oftentimes the sponsor will in fact try to get co-sponsors. The reason for that is that the more the more people you have as co-sponsors, gives the bill itself more power to eventually perhaps Not only, you know, it will go into committee. But the thing of it is, is that a bill going into committee can die in committee. And so therefore, you know, it's just gone. So what co-sponsors, if you have like 17-18 co-sponsors, there's a higher probability that when the bill goes into committee, it will get out of committee, hopefully successfully, sometimes a bill will be because they vote in committee to determine whether or not the bill is to go to the floor, or whether the bill should die. So sometimes bills just die because no one pays attention to him or other times is actually a vote. And then that determines the next step on the bill. So some of these bills, you will see just a, which means is only in the assembly house at this time.

The upward SS indicate that there's also a companion bill in the Senate. However, it doesn't mean that the bill in the Senate is the same bill as the bill in the assembly; it may be both bills may say telehealth, for instance. So the bills, both bills will have a telehealth category. However, the provisions in the bill can be different. And it could be something as simple as changing wording, such as you know, maybe what the assembly bill may say, and, and the Senate bill may say or, so they do things like that, because some of these bills, the use of two to three words can change the entire intent of the law.

So this is why you will see bills that have you know, a or s, sometimes they're almost the same. Other times, they can be different related to the same subject. But the assembly is saying we want to see this, and the Senate is saying we want to see that. So right now you see these bills. And the other thing about these bills right now is that we will check again, but I think they may not be it may be committee, but we don't have which committee, the other thing that we need to know that we will have to do work on is we have to find out which committee the bill is assigned to. So that's also important cause in terms of any legislative work that we're going to do in the future.

We need to know which assembly people and which senate people we need to lobby in order to get them to either support the bill and or to change which in the bill, it might be that we feel that the language does not go far enough. We may feel that we want you know, the language of social workers actually present in the bill. You know, this, once you study the bill, and you think about it, then you think about what type of language do you want. So that'll be the work in the future. Then I say future, because right now, the legislature is not in session. And so therefore everything is quiet, except for a few hearings on COVID, which I think already have a bird. There's nothing else going on. There's more than likely, and this is just my personal prediction is that we won't probably see much legislative action until after the election. And that is because there's significant there are some Senate seats that are up there. Also, the assembly wants to make sure for those people who are running this time, they want to make sure that they maintain their democratic majority, the Senate also wants to make sure they maintain their democratic majority. So there's actually now a lot of effort being applied the home basis around you know, the election in November, not the national as much as now talking about the state elections. So that being said, though, we will keep you apprised if something hits, meaning that we are we have this system that actually on a daily basis will alert us if any bills of interest to us are absolutely going to be in discussion sometimes or certain bills, what will happen is that the legislature will hold what they call hearings. Now these hearings may be open or the hearings may be closed.

However, if we know that there's a hearing on one of these bills at we can submit a briefing paper or a policy paper related to the bill. We can request that we do that the chapter Or a members of the social work profession have an opportunity to testify on the bill. And then you know, it's up to the legislature to make a determination on whether or not they will honor the chapter requests to that usually, I would say it would be behoove us to if we want to. And we don't, again, I don't know what's going to happen. But if so, we would want to go via the chapter and say that we have some social work professionals who want to. We would have to submit names and credentials, and say, these individuals would like to have the opportunity to testify on the bill. And when you testify, you can testify support, or you can testify, not in support, or you can testify in terms of how you feel the bill doesn't go far enough.

And then you offer your comments, we also as a chapter, have the opportunity, what you know, once the we know that there's any legislative movement, which probably may not happen till January, but we'll see. What we can do is we can also submit to the sponsor, we can submit correspondence indicating that the chapter is interested in this bill, we would like to support the bill. However, we feel that there's certain language in the bill that we have issue with, and we actually give the sponsors the language that we recommend add it to the bill, sometimes they will do that sometimes they may not. It all depends. But this is not the meeting now to talk about this. But in the future, if we feel that we have something that we really want to see move through the legislature, then your voices are going to be really essential. And you know, pushing and talking to your local representatives who are in the assembly in the Senate, and really pushing to get your agenda, heard and and to get support, so that perhaps what you're recommending can actually appear in the legislation before it hits the fourth floor.

So that's just a quick overview of the process and how as an Action Group, as a private practice your Action Group, we see your group, and in the context of not only maybe looking at procedural issues and policy issues related to state agencies, but to look at, when appropriate, when required, the group would be part of a legislative lobbying effort to actually get something, legislated, which then becomes legalized in law. So, so this is where we're eventually heading. We'll see. So, um, so there's these seven bills, I'm gonna say, more likely right now, for whatever reason, they you know, they didn't present it, we actually have to find out, what was the intention of the submission, we can get these copies out to you the summaries. It's technical, as you can see here, services happen if then person defined term clinical setting. So just something like this sometimes actually has to be legislated. Because the use of language is, depending on what we're talking about, the language can be vague, and that mean leaves interpretation to maybe nisei, like the insurance companies, the insurance companies, then we'll make a decision on how they're going to define a clinical setting.

And so sometimes you need legislation just to make clear to everyone that what is the legislative intent of the law, and so you then want the actual language which is seems to be problematic, you legislation to read the fine the wording, so that there's no disparity in terms of how the language is being used. So they're talking about clinical settings, under Article 28. Some of you should perhaps are familiar with article 28. Article 28 is the provision licensed health care organizations and then you have article 40, of the public health law.

And, this is into task. But you know, at some point we would you know, if you have questions on any of this, then we can find out, could you see section so and so section so so so I can get some of these bills really large.

So this is why then we have Godfrid Rivera with another one that act to amend in relationship to require parity in the standards of dental telehealth, so, that doesn't applicable to you. But I just want to let you know, in terms of Godfrey Revere, these are very strong legislators who are supportive of community based services and community based providers. So Godfrey, is one of the persons that we definitely probably will be working with in the future.

Okay, Mr. Rosenthal, and this C, subdivision public UC allows related to the public health law. And here it appears, and I'm not familiar with it this there was some issues on audio only telephone communication, and the telehealth, which was complicated. And it says here affirmatively, which means that are a favorable and audio only telephone communication as an acceptable telehealth modality. So it must appear given that this legislation. This is a proposed piece of legislation in must This indicates that right now, there is disparity between probably insurance companies or what they indicate as isn't allowable reimbursable service. So this is clarifies it, you know, we hope it goes through this clarifies this issue around only audio only telephone communication, which then, is it would require the Commissioner of Health to approve audio only telephone communications as duality for Medicaid and child health insurance. So this is related. So interesting, because it's actually related to the Medicaid population and child health program as well. So if you as social workers, private practitioners are having issues with all audio only telephone communication, this does not apply to you. And so this would be something that you would then what the legislation to also include you in on this provision. Now, this is if you have a problem if you don't have a problem, and you know, it's no problem.

Okay,the next one, Rosenthal, and now this one, then you have I can't read her heart. I can't see the middle name on that person. I'm not familiar with them. Okay, this one talks about peer recovery Avenue, telehealth services for reimbursement. So up here is peer support services. So again, and it provides effective treatment and substance use disorder and etc. So what you end the lows when they're written, they will give you what the intention of the law is. So that tells you that this piece of legislation is primarily focusing on peer support services. And there's issues related to that in the clarification of how the treatment of substance abuse substance use and telehealth of that, how that's going to be applied across both provider in air. And this is a rules law. This is with gumpa in Annecy to amend to put all by the way, most of the legislation that is applicable to you as social workers practitioner is under the public health law. A reimbursement so here's an interesting one. So in relation to requiring services provided by telehealth reimburse at the same rate as an in office visit. So this is a rule. So there's different kind of terminology.

Sometimes it's legislation sometimes the legislation in the legislation that's written is related to a rule of pitch. Which this has a power but the rule is a A rule is to really codified the legislation. So it when you say it's a rule, it means that you can't, you can't try to find a loophole, try to interpret it in some way, and still be within the law secret, because that's what happens sometimes. And sometimes laws are written intentionally to be vague, right? So the people think the laws will always tell you, oh, you can do this. And you can't No, no, sometimes they and that's political, sometimes the past because various people want to satisfy their constituents, that they have done something about an issue.

However, if you know, and look at it more, rather than a micro looking at it a macro perspective, they don't want to displease, uh, the other side of the fence to the law is addressing, okay, because usually laws is about, putting up something or shutting down something or creating something. But all of us have different players in the drama. And, so usually a low impact some of those play players favorably, and some of the other players to varying degrees disfavor employee. So sometimes keep the law somewhat vague, to give the people who don't support the legislation, still some wiggle room, to not have to hear to the legislation at 100%, they still will have to, but that's sort of what they call the compromise. That's because oftentimes, and you know, and unless you've been on the other side, you know that there's a lot that goes on, behind the doors, and then the whole legislative office building. So, there's compromising going long pieces of legislation. And so a rule, though, when a rule is the rule is very clear. You cannot do certain things, or you will do certain things, and there's no wiggle room, there's no rule of interpretation, you have to care to the rule, if not, you are breaking the law and then that results in certain kinds of depending on how severe you have broken the law. So Gundam are talking about a rule here that that speaks directly to how in office this related to that and reimbursement is I see.

Okay, again, we first met healthcare providers at the same rate for telehealth visits. This is called parity. And, in this one, now, for instance, looking at these bills, and going over very briefly now, if right now, for reference, any of you feel that you are not this, there is not parity in how you're being reimbursed. Either nisei, and I'll just use a generic word of visit, let's say, as a social worker, providing certain service, you see that you're getting a lower rate than then another type of provider who's doing the same type of service that's not parody, because the reimbursement rates are related to the scope of, of work or the scope of procedures. And, some of this is vague in terms of, the skills necessary to be able to execute the procedure appropriately, along with any other attached

kinds of things that's needed to do your visit appropriately. That's how rates are determined. And so then to differentiate a rate based on someone's title solely with without where the service nacinda social worker doing and another comparable, provider would be doing that both of you are in requires the same level of skills and services but yet that other provider is getting random versus the higher rate, then that is not parity, and that's something that you challenge. So, this may be something, so I'm just bringing this up to, you know, in case you thought you are experiencing some issues around parity with your reimbursements. You know, we'll need to know that, we'll need to know that.

But one of the things in that if you if you do feel that way, we all need documentation. So you know, where you will need to demonstrate exactly when you receive your, your checks, I don't know how they do it, for private practitioners, I used to work in the healthcare field, but I was in a health center, that though you need to see when you get reimbursed, exactly what, what procedure codes are being used and the rates at which they're, reimbursing you, so you're at the billing amount. So we would need to know that, because we have, when we start making, if we're going to make in the future, any issues around parents, we have to have documentation, we just can't say, I feel or, you know, I be Oh, you know, so if you you have records, I would just say please, hold to your records, you may have to go back on the stand to that there has been a delay, some of you getting paid as much as two, three months, you may still be waiting for money. Now, that's a contractual issue. So that's the other thing in total, we claim that, we have asked is that if any, if some of you are under contracts, we will need to see your contracts, you can blind out certain things, but we need to see exactly what the contract says, related to the requirement of the insurance company pay you and the turnaround time of that payment. And it is present in the contract, and they're not adhering to the contract provisions.

You have asked us to petition you know, DFS, or other you know, other we have the appropriate people to petition for you know, that the companies are you working with you in unfair and that something may be some problem with them talking about a piece of legislation, it must be that you're not the only group might be experiencing this problem. And that's important, because there are other groups that are having the same problems. And the other thing we would do, we want to find out who they are, because then we will, we will let we will join the group. Because again, the larger the group, the more power we have, and the quicker the response will be. And so if we find a few other professions are in the same boat, then we all want to go and hit the legislature hit the Gov office as a larger body. And this is one number seven, this is also a rule. And this one amending insurance law and public health law in relation to expand access to telehealth services through insurance. So this be related to the you know, and again, there's a multiple there's an array of insurances out here. And depending on which insurance companies some of the practitioners may be tied to is that the insurance companies may be limiting telehealth services or even making it difficult to get paid on the telehealth.

So this law is about to make sure that there's a board in New York state that no insurance company could hold back on then paying for telehealth services. So this must be problematic right now, because for it to be for this to be here, it means that somebody or some people have already pushed the legislature to do something about it. And so then this has another subsections some bills do. So this talks about patience, there are really so you have here where you know, without first requiring patients to make an in person contact see whenever you see anything like this in legislation, it means that this problem that right now somewhere in New York State That there are insurers who are requiring a patient to make an in person contact first. So that's why this now this provision is here to have that eliminated.

One Question asked about this unbundled from other capitated bundled risk based payments. All right, this is I know what it is, So the, we'll see this gets into the cap capitated rates versus fee for service rate. It could be one or two things, the bundle it can be more than likely is going to be a bundle in related to a diagnosis. So the diagnosis, and then under the diagnosis, you have a set of procedures that are applicable to a diagnosis. And this gets involved this is, this is all in the right setting and what they do it rate setting. So anyway, what can happen is two ways it could be doing this one has to do with, For example, let's say we use the word case management. Now, I'm the case management, you can have a number of sub categories, case management, when someone comes in, you could be doing case management is related to housing, you can do case management in terms of, educational issues with, family members, so there's a number of risks of what could be what could construe as case management. Now, sometimes when they are establishing both procedure codes, and a diagnostic procedure codes, in which then they're going to determine the payment for that diagnosis and/or procedure. So that's how rates are determined by diagnosis and procedures, they put it so they'll have a number there. And so that number may be and I'm just making this up, I don't know what to do math mag easy, you know, this says $35 for case management visit.

But however, for procedural building perspective, you have may want to put housing next time you want to put education another time, you may want to put your transportation, whatever, but it's all in the case management. So what they do is they bundle they bundle a set of procedures and/or if it's very small diagnostic codes, sometimes those diagnostic codes are so small. So if a diagnostic code, for example you breaking the finger wouldn't be one but there are certain types of diagnosis because voluminous, so they'll do is they'll bundle things together.

And then they'll just put a fee. So it may come out when they say case management, we'll say $30 every case management visit, you'll get $30. But that $30 consists of a bundle of services that have been grouped together and then priced. So what happens though, this gets into financing and strategize and all the kinds of things is, sometimes you will have providers who will unbundle the services, because if I Bill and I say okay, I did a case management visit, so now you owe me $30 right. But now maybe the insurers love this pain, they look at and they say well wait a minute, I'm paying this person $30 for them to just toss out transportation. And that doesn't take as much time and effort as case management around, you know, getting someone somehow in because they're homeless. So then they say well, wait a minute, let's take out transportation and rate under lit under case management. Let's pull transportation out, put it as a strict billing category and put $15. So that means when you do anything other than you check off transportation, instead of you getting $30, now you're gonna get 15. Okay? And that says, from the other side of the fence, the pay you're, they're saving money because they're not good. They're not paying you under the bundle category, they're now a month services so they can pay less.

And so and so that gets into you know, strategizing, and the Department of Health. I know in the Department of Health, I used to work in reimbursement, Department of Health, you know, x sometimes gets into politics and a whole bunch of other things in terms of figuring out how we're going to get paid. So, this would be something if you find that this is going to impact you financially, we may want to look at Okay, so reimbursement for telehealth services will not be required to be unbundled from other capitated So, so, that gets into the whole Managed Care Reimbursement Arrangement Kappa when they capitate it which is talking about this call what is called is per member per month and is is a potato mat amount, which is a is amount is per member per month that is to say, under a health management or health maintenance organization. A as enrollee can see the the provider will pay $200 per month for you to see a set of services from the health maintenance organization, which are capitated in that $200 a month.

Okay, so it's all good, more common, just try to, you know, get it down to bare bones. So here we're talking about is actually stripping off this holistic capitated amount of reimbursement and breaking it down so that the provider the payers, then would not have to pay as much that they could actually start pricing your your actual services, you know, did you pick up the pen? All right, that's $2, you know, then did you write How long did you write five minutes? Okay, that's $5. So they could they could, they would stop looking at every aspect of your process of providing services and putting it out to that versus just saying case management will pay you $30. Okay, and so there's some push to this occur because it could get to be a nightmare in terms of billing.

Kalli: I just want to jump in a moment. There's about 15 minutes left. It's a lot of fantastic information. It's a lot to absorb. I think it's very valuable information, stuff that we wouldn't normally hear unless we follow it more intently. Thank you, Evelyn. Excellent information.

But I'd like to give the group the opportunity just to offer some thoughts and feedbacks and what their vision of the group is to, I think policy has definitely been a piece that we can promote some nice change in the profession. But to have a few minutes to hear from everybody else. And how's everybody doing with all this that we're learning? In addition to? What is it that you What's your vision for the group because we are here for all of us. It's not our group or my group or NASW scoop. It's all of our group. So I'd like to open it up for some thoughts and questions and feedback.

Q: Are telemedicine providers (#5) distinct from telehealth? Are these terms used interchangeably?
A: Depends right on the procedure.

No, it's um, I was just reading this on the governor's page. I think that this actually could fit in some places people actually use them interchangeably but they do really mean something different. Tell us is more of the broader category. And telehealth is a subset of medicine. That's how, that's how it was explained on this information sheet that I read. But, you know, I would say that's the article, but I think in terms of your question, I think people just use it interchangeably.

Q: I guess, the, the information that everyone was presenting is, is really illuminating and really interesting. I don't know, if people would agree, but, there are a lot of broad scopes to our work. That is right now versus upcoming, and sort of working with telehealth and, our mental health work with telehealth as the COVID suppose the dates of ending may be

approaching and sort of, like thinking of that as the cliff, and so, beyond that,sort of preparing or thinking about what comes next, at that point, and I guess how Evelyn's information will dovetail with our work with that. I don't know if I'm clear at all. That was clear at all, and asked me if it's so just to clarify to make sure we're on the same page gets the concerns after COVID. what the future is going to look like, whether it be from an insurance from a policy from a treatment perspective, like what is the future hold? Since everything has changed so much?

A: Oh, you just said it. So well, what a nice summary you did of my job. I appreciate it.
We're all on the same page. And I think that I started across the board. The What are we in September, then the beginning of September, the end of August, there was a chapter chat that I had done for NASW regarding COVID and opening the office and considerations. I don't know if you've if you've had the opportunity or not, I'm sorry, today.
The link is out on the listserv. We can put the link in the chat for everybody to see if you'd like to go take a look at it. There's some information. I'll be more than helpful, helpful. If anybody wants any questions answered, or whatever, please feel free to reach out to me, I'll do the best I can no expert at it. But you know, we could put our heads together and come up with solutions.

Right. Right. I know that, um, you know, when I think that we've been, I've been in touch with Sam Alon, we've been emailing a lot about you know, things that as they're changing. And it seems like there's the changes, and I guess maybe everyone's information affects that I don't even know. But the the changes are so fluid, that it's really hard to keep up with when the CO pays change, you know, or all the insurance is going to be even providing telehealth, you know, after a certain date. And you know, the changes seem to be just so fluid, it's extremely hard to keep up and I myself have been wondering like, what, why don't they work together, then each insurance seems to have its own timetable. And then suddenly, we may read that there are dates that have been changed, and they seem across the board. But then when another insurance will say No, that's not true. So the uniformity is very confusing also.

Q: I like to make a comment about the fact that the insurance carriers, as she just pointed out, are really not uniform at all. And then you have the plans that are self insured, and they do whatever they owe me, that's those
plans are simply whatever they feel like doing. They don't have to abide by executive orders or any kind of state legislation.

So I have found that I have a I have a client with a $1500 deductible. And all of a sudden you know, it had been paying I thought that they were the deductible was waived due to COVID. As it turned out, they decided sometime in July, that no longer applied and now he no longer and all of his payments had to come out of pocket before. They had cut it off. They said, Okay, that's enough.

So all of a sudden understand why suddenly it wasn't working. So that that was, I guess, a self-insured plan. And they made a decision in July that they no longer would waive the deductible. And so he had to continue to make the payments. So all of these plans, depending if they're, you know, governed by the state, or they have other, you know, they have been self employed as a totally different category.

So that's one issue. I have been trying to get paid for five months from a federal workers compensation program. This is the Federal Government Department of Labor. They denied telehealth repeatedly, I have been denied. I'm supposed to be independent practice. But apparently, when you're in the Department of Labor under the federal government, you have to adhere to other guidelines, which basically stipulate that it has to have a doctor approve the treatment and the diagnosis before the social worker will even be considered, which was crazy, because it's weekly contradicts New York State law, but they hear about that, and then the telehealth was denied.

I mean, we didn't doesn't the federal government require that you use their telehealth, you know, program or something like that, oh, they're just very behind the extremely behind. I've been fighting with them for five months, I'm still in the process of trying to recoup for, claim back in April, but this is what we're dealing with. So it isn't like in New York State, it's one thing, but if it's, again, if it's self employed, if it's somebody, I mean, not self employed, self insured? Or if it's, you know, through the federal program, they do they have their own rules. So it's very frustrating. I think it's good that we should all get together.

And, you know, we should be reviewing what's going on in the legislature. I'm looking at a lot of those bills. And then I'm thinking, does this apply just to during the COVID? Or is this going to apply going forward when we're back to, you know, regular when we're not, you know, under these different guidelines do pandemic?

That's what I was wondering also. And it's also interesting, because I think that a lot of the insurances already approved telehealth, that's what I've been finding out, when I don't know is. Well, some of them may require, like Cigna requires you just sign an attestation. And is simple. A lot of them don't even require that.

Somebody was saying, but what I don't know, is whether they reimburse at the same rate that they're doing right now. They're paying us full fee. Yeah, I don't know that they do that with telehealth, once the COVID, ease of use, restrictions are off. I don't know if anybody has any ideas about that. I mean,

KALLI: I'm gonna jump in a second, because I'm also looking at the time as well. And we have a lot to cover. Considering this as our first meeting, I think we've covered a lot. So what I'm hearing is, and correct me if I'm wrong, and please feel free to jump in. Because again, this is our group is to gain more knowledge and understanding regarding policy procedures,
the current bills, how it impacts us, expressing any concerns that we might have, even if you think it's it's nothing, throw it out there. And then we'll tease it out and see what applies what doesn't, what's part of the organization, what we can do individually and such because it is a lot, especially even more. So now with the Shakedown that we're going through.

When it comes to like, fees, and reimbursements and telehealth, we do need to be careful because of this antitrust that we keep hearing about. I would say those concerns reach out to me individually that we can discuss it individually first, and I can pass it on to the group. And then from there, we can tease out we don't break any laws, we can tease out and pass on the information that way, so everything is legit. So you don't get into trouble with any place or any governing body or anything.

But we have a lot, we got a lot of awesome work that we can do. And it's really collectively all of us wanted to get some feedback as to how often do you feel we should meet? What are some topics that you'd like to see on we may not get everything you know, in today, today's group.

I would encourage you please feel free to write me, um, I could put my email out on the listserv. I know. I'm constantly sending messages. I put the link for the website with the COVID office consideration. Videos are, you can contact me that way. There's a contact form. If you can't find my email address. You can go there and send me a message and, you know, we can exchange email addresses from there. But it's up to us. And please, we need to pull together a topic a to do list, spread the word, even if you can't attend consistently. Let's make a to do list and let's make some change and some actions. So I want to thank everybody for coming today taking the time looking forward to working with you, Evelyn, and Sam, thank you very much for everything that you're doing for us and for supporting us and Evelyn, for this excellent information. Because I know you have one. Yeah, that was a lot of information, a lot of information to wrap our brains around and, you know, little by little will tease it out and move forward and have this awesome profession that we're in even better.

The point raised about COVID and post COVID. I think that's something that's important to think right now about because, you know, the concern for you, as private practitioners is that some of maybe the benefits that you are receiving Now, under this pandemic, if there's no way to try to sustain that you're gonna find stuff to just drop off today that emergency order ends, wondering what do you mean by drop off?
Like the right now, there's a policy related to the insurance companies assuming possibility for copay. So at least that's what I read, they may not be doing it. That's what I read, when the executive order ends in six months. If he doesn't extend it that ends, there may be other provisions that you and I'm just saying this as a general statement, I may be all the provisions on the COVID that you are able to do now, that once the imri status ends, you may not be able to do, right. I don't know, this ask you to think about that. Because you know, your your world will change again.
That's the question, right?

FUTURE CONSIDERATIONS/QUESTIONS
What kind of world do you want to have post? COVID?

I think a lot of us have been hoping that we could continue to do telehealth work, at least for a while. And because we're not ready to commute, or some of us are probably going to give up our offices. So it is an important issue.

It just like if there's other things beyond COVID you know, like some of the pieces I think about is that, you know, I don't know that social workers have right parody it for non telehealth services, right, like we you know, we willingly have accepted 85% of the MD rate. So that's something you if any of you have seen me over the years on the listserv that I'll chirp up about from time to time.

And also, you know, I think that for me, I something that's come up is the just the fact that social workers have indefinite malpractice when other health care providers don't and I, I don't it makes no sense to me, especially with like, you know, the two levels of licensure why that would be plain what you mean sir.

there's no statute of limitations on malpractice for social workers for being, sued and because, Wrongful Death suits and suicide are on the rise. That I think is something you know, whereas for other practitioners, it's like MDS, it's three years, gone. what's also interesting is that social workers often can't get some of the same limits of liability as psychologists and psychiatrists can.

So those have parody issues, too. I think those are things to keep our eye on, you know, to just the, like you said, the procedure parody in general, but also that that's something that's really come into play in terms of how I run my own practice, because there's certainly been times where I think, is that really fair? Right, that level of liability that we take on? And I certainly think that younger clinicians just are not don't aren't aware of that, are not educated in that, in terms of like starting out in this field, you know, that it's something that could have a personal impact for years to come.

FUTURE MEETING TIME RECOMMENDATIONS

Thank you for putting this all together. I like Fridays, but would prefer either later like 4 pm or earlier in the morning, maybe 9 am. Not in the middle of the day. 8 am to this time works, after becomes difficult

Fridays, Monthly, 9am, 10am or 4pm. Not in middle of day. Lets try rotating meeting times

KALLI: I want to thank everybody for coming. I put my email in the chat. If anybody would like to reach out, say, Hello, offer top ideas, thoughts, comments, anything whatsoever. And as soon as we schedule a next meeting, we'll give you enough notice to enter it into your schedule, and have a wonderful weekend. Stay safe and well and it's been a pleasure meeting you and looking forward to working with everybody

~END~

CHAT ROOM:
NASW-NYS Chapter Chat Covid-10 & Office Consideration for reopening (www.kontos-psychotherapy.com For Clinicians Tab - Chapter Chat Tab in drop down)

Facilitator- Kalli Kontos: kalli@kontos-psychotherapy.com feel free to email me any after thoughts It been a pleasure to meet everyone and looking forward to working with you all