NASW KANSAS CHAPTER
National Association of Social Workers
...the power of social work

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CHAPTER E-Communications and Website

E-Communications Program

KNASW has been in the process of improving communications with our members. The E-Communications Program consists of using email as the primary means of communication to the membership. These more frequent and shorter communications enable the chapter to get information out to members in a more timely fashion. Through this technology, we will be able to provide direct links to more comprehensive information that is posted elsewhere, either on our own chapter website or another website.
There are two types of E-communication: the monthly **e-newsletter** and the weekly legislative **e-update**.
The e-newsletter contains brief information on issues, and if necessary, will include links to a more in-depth article on a topic. Members receive the monthly e-newsletter about the first week of each month.
The weekly legislative e-update offers information on legislative activity including links to bills that have been introduced, hearing schedules, and briefing schedules. This is usually emailed on Friday during the legislative session, Jan. through April.
On occasion, staff may send another type of E-Communication. This would be an **e-alert**. Examples of an e-alert might be on some legislative action or information affecting social work that should not wait until the next regular e-newsletter.
As the chapter moves forward with this method of communicating, there will be less mailed information. For example, this year (2006), there will be two newsletters published, in the Spring and in the Fall. These hardcopy newsletters will be archived on the chapter website.

www.knasw.com

Staff is also proud to announce that the chapter website, www.knasw.com (or www.knasw.org) is up and running. The most obvious change is the ability for each chapter member to choose your own passcode. The first time you log into the website, you will type in your name, as you have it listed with NASW. For hyphenated names, use this model: firstnamelastname-lastname, (i.e. JaneDoe-Smith). Then use the initial passcode which is knasw. Right after you are logged in, you will be instructed to change the passcode (knasw) to something that you will remember.
Another major improvement is the use of forms on the chapter website. For example, if you want to order an item from the **KNASW CE Lending Library**, you simply go to the chapter website and complete the request form, answering all required questions. You will receive an automatic verification that your request has been received.
Using forms on the chapter website enables the chapter to offer online registration for any KNASW sponsored Continuing Education events or other events. For example, you will be able to register and pay for the **Mokan Clinical Institute** from the chapter website. The dates for the Institute are October 12 and 13. Similarly, members will be able to sign up for the **Third Midwest Campaign School**. That event will take place on September 8 in Wichita. Once the registration information is posted on the website, it will be announced through the chapter's monthly e-newsletter.
The new website is just the beginning. Staff will be improving and adding to it all the time and your feedback is valuable to us. ***For feedback, email sky@knasw.com.***

Are Receiving Email Messages from KNASW?

In order for you to receive your chapter e-communications, you MUST have your current email address listed with the national office of NASW. Email messages are sent to you using the national database. We have found that too many of the emails listed with the national office are incorrect. PLEASE take a few minutes and check your contact information for accuracy.

Incorrect email addresses: Go to www.socialworkers.org and log in to the Members Only and then go to the Member Center. *Please review your information for accuracy*. If you need your passcode, email: membership@naswdc.org.

For systems that use spam blockers: Because the email we send is coming from an unfamiliar address that your system does not recognize, the messages are blocked. If you wish to receive information from the Kansas Chapter, you will need to add **admin@knasw.com** to your address book. This allows the message from the chapter to come through.

If you don't have email: All e-newsletters and e-updates are posted on the chapter website, www.knasw.com.

TAMING THE INSURANCE BEAST

Cynthia Schendel, LSCSW, Chair, PPCIC

As Social Workers we are often in the position of helping our clients sort out their insurance benefits, whether it be for payment of our own services or to help them obtain services from other health professionals. This can be a daunting task given the evolution of insurance products over the past fifteen to twenty years. This article will attempt to clarify three types of insurance plans: indemnity policies, managed care policies, and self-insurance plans.

Indemnity Policies

These are traditional insurance plans which were once the only kind. There are few of these policies being sold today, but they offer the most choice. The client has a specified amount of coverage for mental health services which she can access at will. She will usually have a deductible (an amount that must be paid out of pocket before any benefits are paid) and a co-pay (an amount per session that she must pay). The insurance company designates a "reasonable and customary" fee , of which they will pay a percentage after the deductible is met, usually 70 – 90%. The client is responsible for whatever is left over.

It is helpful to calculate the actual cost to the client for using their benefits. Unfortunately, she may see little advantage since many practitioners will offer a discount for paying cash. If you are a provider who bills insurance, you understand why the time and aggravation factor would inspire you to offer such a discount!

Managed (Mangled) Care Policies

These are the most common insurance policies today. They require various levels of oversight on the part of the insurance company, with the greatest "management" for the lowest priced plans. The client must often visit their PCP (primary care physician) to get a referral to a specialist. Then the specialist must acquire pre-authorization to treat the client, which involves wading through voice mail and then providing information to a "care manager". Medical offices often have personnel whose sole responsibility is to obtain such authorizations. For mental health providers this may involve a 4-6 session initial authorization after which she must fill out an outpatient treatment review form to obtain more sessions. There is usually a session limit/year and, to become a "preferred provider" for these plans, the practitioner must accept a much-reduced fee. Some plans, usually called "preferred provider organizations", or PPO's, will pay a lower percentage for out-of-network providers. HMO's (health maintenance organizations) will not pay any benefit if the client uses a provider not contracted with them. Once again, it is useful to help the client calculate the actual cost to him if he uses his benefits versus paying out of pocket. Sadly, it is often only a small advantage to use the insurance, with a much higher hassle factor.

Another problem with managed care plans is that it is difficult for the provider to know whether he or she is covered because the insurance companies keep buying each other and merging their provider panels, or one company uses another's panel to save money on credentialing their own, and they don't necessarily inform the providers. (For a provider to become credentialed involves a lengthy application which must then be verified at all levels. There are whole companies who do nothing but validate such applications, yet another player in the" mangled care" world which results in higher costs to the client.) I always tell a potential client they need to call their customer service number and ask specifically whether I am a covered provider for them before our first session.

Clinical Social Workers Deliver Majority of MH Care

Federal law recognizes Social Work as one of four core mental health professions. The others are psychology, psychiatry, and psychiatric nursing There are 192,814 clinical social workers compared to 77,456 psychologists. (SAMHSA, 2000)

Self Insurance Plans

These are the newest kids on the block in the insurance industry. Instead of having an insurance company underwrite their plan, which means they pay any benefits due, the employer sets aside a pot of money to pay for his employees' health care. He usually hires a managed care company to ADMINISTER the plan, but the employer gets to set the rules for what gets reimbursed and what doesn't. By using this mechanism employers can legally get around the rules that insurance companies have to follow, most notably for us the rule that Clinical Social Workers in Kansas must be reimbursed if any other mental health practitioners are covered. I have had a number of clients with these types of plans who were only able to get mental health coverage for PhD Psychologists or Psychiatrists. The effect is to severely limit usage of these benefits since these providers are a) more expensive, so the co-pay and remainder is more costly to the client, and b) less numerous, so it is harder to get in to see them. Since Clinical Social Workers provide around 60% of the mental health services in the U.S., excluding us is a blatant way to hinder access to greatly needed services, but most clients don't understand this.

Ideally, consumers know what they are purchasing and understand the rules for using their benefits. However due to the confusion surrounding health insurance I find that most don't have a clue. Educating ourselves about the various models for health care coverage and helping our clients understand and utilize their benefits is an important role for Social Workers at all levels of practice. Coaching them to advocate for themselves, or, when necessary, advocating on their behalf with their insurance companies, is also part of our responsibility. I hope this article has given you some useful knowledge for meeting that goal.