

Psychotherapy Finances

Special Report
24 ways to wring more
income from existing business.
page 6

www.PsyFin.com

www.InterChangenewsletter.com

The leading practice resource for behavioral health providers — since 1974

Volume 35, No. 4, Issue 420

April, 2009

NICHE MARKETING: Serving patients and families with medical problems

Tapping into the medical side has obvious advantages--not least of which is the opportunity to break through the barrier that keeps so many physicians from referring clients to mental health professionals.

Michele Horn is a Texas clinician who serves couples and families in which one member is ill. Many of her referrals come directly from their physicians. Currently, she sees 24 clients per week, which she considers part-time. (Many therapists we speak to would call that a full-time practice.) And she holds a part-time job in addition to that. "I keep crazy hours."

She deals a lot with chronic pain, chronic fatigue, and other, more nebulous conditions that puzzle physicians and lead them to believe there is a mental health component.

But she also works with families of people struggling with the devastating emotional affects of diseases like cancer, ALS, diabetes, and multiple sclerosis. Finally, she sees women with postpartum depression, generally referred by ob-gyns.

Horn tells us that younger physicians are particularly open to working with mental health professionals. "They're becoming more aware that this is something their patients need."

Horn does not take insurance, although she says some of her patients file claims on their own. As a result, therapy can be short-term. Sometimes, she says, two or three sessions are sufficient to help the patient get through a crisis. Other cases may last many months.

"I have two couples in my caseload whom I've been working with for two years, on and off. In one case the wife has [multiple sclerosis]; in the other the wife has lupus." These are diseases characterized by flare-ups, and that's when couples need the most help.

Horn charges \$100 for 45-minute individual sessions and \$120 for couples

Contents:

NICHE MARKETING	Serving patients and families with medical problems	p.1
	Overloaded family courts create opportunity for therapists	p.2
	Treating HIV clients can be trying, but rewarding	p.4
PROFESSIONAL ISSUES	CAMFT taking heat over gay marriage	p.5
	Email scam targets 'greedy psychologists'	p.5
SPECIAL REPORT	24 ways to wring more income from your existing business	p.6
FEEDBACK	Answers to your questions about TRICARE; FSAs and HSAs	p.8
MANAGED CARE ALERT	Companies that want your services now	p.11
PROFESSIONAL NOTES	New dementia test; annoying therapists; Las Vegas = suicide	p.12

and families. She sometimes runs a support group (though not at the moment), and charges \$60 per person. One successful group she's run in the past is for siblings of sick children. "I think that's a forgotten population."

How does she establish her physician relationships? The usual ways: For starters, she sends a letter outlining her services. She offers to take them out to lunch, or just to come to the office and chat for a few minutes.

"But the way I've gotten my best results is, when my clients come in I have them tell me who their physicians are. They sign a release so I can talk to them. I consult with the physicians regularly and let them know what's going on. They usually end up referring another patient to me."

Overall, Horn has four physicians referring to her regularly, with a smattering of new patients coming from several others.

The use of the word "patient" rather than "client" is vital when talking to physicians, Horn emphasizes. "It's important to speak their language," she explains. "I talk about scientific models, and what it is I can do for them. A lot of physicians are seeing patients with somatic complaints. They may have anxiety or depression, and the physicians don't really know what to do about it."

By the way, Horn also gets referrals from a chiropractor. "I just walked in one day and introduced myself. I asked how we could be a referral source for one another."

Occasionally, she speaks to churches, PTAs, and other organizations. These also bring in clients, as does her Web site, www.michelehorn.com.

People have been paying upfront, with check or cash. "Now I've started taking credit cards," she adds. But unlike other therapists we've spoken to, Horn adds a 5% processing fee for anyone using credit cards.

You can contact Michele Horn at Preston Forest Tower, 5925 Forest Lane, Ste. 514, Dallas, TX 75230, (972)489-2658, www.michelehorn.com.

NICHE MARKETING: Overloaded family courts create opportunity for therapists

There are a lot of different niches within the area of forensics. But here's one that's only evolved relatively recently: working as a "parent coordinator." Delaware therapist Samuel Romirowsky tapped this one several years ago, and it's become a significant portion of his practice.

Of course, therapists have been navigating the tricky waters of child custody for years. But increasingly, family courts are looking for ways to strip their overloaded dockets of cases that can better be solved outside of court. The parent coordinator, in other words, helps the court dispose of angry parents with petty problems.

Editor, John Klein; **Managing Editor**, John Nelander; **Publisher**, Herbert E. Klein; **Web Site Manager**, Timothy R. Klein; **Marketing Director**, Anne Marie Church; **Treasurer**, Sharon Smith.

© Copyright 2009 by Ridgewood Financial Institute, Inc. All rights reserved. Psychotherapy Finances (ISSN:0163-1543) is published 12 times a year for \$79 by Ridgewood Financial Institute, Inc., 14255 U.S. Highway 1, Ste. 286, Juno Beach, FL 33408. Phone: (561) 748-7816. Fax: (561) 743-3504. Second Class Postage Paid at West Palm Beach, FL and additional mailing offices. POSTMASTER: Send address changes to Psychotherapy Finances, P.O. Box 8979, Jupiter, FL 33468-8979.

Navigating the legal risk, and making sure you get paid

Attorneys who work closely with mental health professionals will tell you that child custody work is fraught with legal risk. Dissatisfied parents will often pursue board complaints—much easier to file than lawsuits—out of pure spite. Sam Romirowsky has steered clear of problems by having a detailed intake form that explains the ground rules to clients.

“There’s a meticulous process of informed consent,” he says. “People understand that I’m not providing therapy, and they understand there’s no confidentiality.

“At some point I’ll share my findings with an attorney or a judge. They may differ with my opinion, but I have to give it. That said, people will still file a complaint. But

there’s nothing that has ever put my license in jeopardy.”

In custody cases, there’s always a winner and a loser. So Romirowsky insists on getting all payments upfront. He makes an estimate of how long the case will take him, then names his price based on his hourly charge. He won’t start without being paid.

“My experience, learned the hard way, is that even when people say, ‘Doc, you did a great job—you were fantastic,’ they don’t remember me very long after I’m done. Then I have to start hunting down money.

“So I use the leverage that I have. And that is, ‘I’m not releasing my report and I’m not showing up in court until you pay me.’”

Time is also a major factor. Left to the court system, parents might have to wait eight months to see a judge. But frequently, Romirowsky can address an issue almost immediately.

Mind you, this is not the comparatively passive mediators’ role that you may be familiar with. Policies vary by jurisdiction, but in Delaware and Pennsylvania where he’s licensed, Romirowsky says his decisions carry weight.

He’s been doing forensic work of one kind or another for 30 years, and about 65% of his business involves court-mandated or court-referred work. He has a background in custody evaluations, and found that becoming a parent coordinator was a natural extension.

He cites a typical case: “Let’s take Joe and Mary, who are in conflict over almost everything. They’ve hired lawyers, and they keep running back to court to let the judge decide not only the schedule on where the kids should be sleeping on a regular basis and when the vacation will be, but on less major areas, too. For example, whether little Joey should play soccer on Tuesday, or whether little Jill should take swimming lessons.”

The list goes on. Romirowsky says he’s had to confront bitter arguments over questions like these: Is it time for orthodontia? Can a child leave the state on vacation? In what community will the child do his extra-curricular activities? Who decides what kind of food the child can eat? How much time should the child spend with his grandparents?

Attorneys are sometimes selected for the parent coordinator’s role, but Romirowsky says that licensed therapists are preferred by most family court judges—at least in Delaware and Pennsylvania. Why? Because family dynamics are front and center, and there is a strong educational component to the service.

In some cases, questions are actually emailed to him. He will confirm that he understands the issue, then deliberate and respond with an email of his own.

More often, though, parents come in to make their cases in person—though not necessar-

Resources

Although Sam Romirowsky worked his way into this specialty through the child custody door, he’s kept up with things over the years with CEU programs offered by the Association of Family and Conciliation Courts. See about their training and other resources here: www.afcc.org.

Also check out the American Board of Forensic Psychology (www.abfp.com), which offers training, certification, and a directory of available providers.

The American Psychological Association offers CEUs in this area through its Division 41: the American Psychology Law Society. See <http://tinyurl.com/dhv7eo>.

Mini-niche: Treating HIV clients can be trying, but rewarding

An HIV diagnosis is not a death sentence anymore, but it remains a life-altering event. And there are complex social and ethical issues that be must dealt with—how to tell a sexual partner, for example.

Karen Finley Breeding, a therapist in Austin, TX, began treating HIV infected patients at an agency 15 years ago. She continued as her private practice grew, expanding her HIV-related offerings through workshops and support groups.

But it can be very stressful work, and five years ago, Breeding tried to move away from it. That lasted six months, she tells us. Services were in such demand that she felt she had to go back.

“Now, I’ve figured out how to take care of myself...I feel bad when somebody dies because you do get close to people. But they don’t die as often as they used to, which is good. At this point, I can’t ever see myself not working with the HIV community.”

About half of her clients are HIV positive. She does individual and couples work, as well as a weekly support group and an occasional retreat sponsored by a non-profit group. (Her fees for the support group vary, but HIV clients attend the retreat for free.)

The group and retreat are a prime source of individual therapy clients, she adds.

“There’s a lot of cross-over. Sometimes they’ll start in individual treatment, and I’ll tell them about the groups, or vice versa.”

Breeding has a cash-only practice and offers a three-tiered fee schedule. The traditional 50-minute session is \$100; a 90-minute session is \$150; and a two-hour ses-

sion is \$200.

She also offers “Integrative Breathworks” workshops four times a year. These are attended by 15 to 50 people who go through a process described here: <http://tinyurl.com/7yn3lh>. A one-day version costs \$125, and a three-day is \$275.

She gets most of her clients for the Breathworks workshops by sending an email blast to a list of 200+ people who have shown interest over the years. “They’re people who have found me on the Internet or called me for more information.”

Individual clients also find her directly through her Web site, www.karencounseling.com, or through listings on various therapist directories she’s joined. Note that HIV patients are often long-term clients, although some drop out for a while and then return as things change.

“People who have a recent infection usually are just dealing with the stress and fear and trauma of getting a diagnosis like that. They’re processing the emotions that come up.

“Another big issue is how to disclose to family members, and to partners or potential partners. That’s a huge issue. If it’s a gay client and they haven’t come out to their family, that’s an issue. Dealing with coming-out issues is kind of standard.”

But in fact, Breeding is seeing more HIV-positive heterosexuals. Most are women, she says, though some are “straight men who have had relations with men in the past, or currently.”

You can contact Karen Finley Breeding in Austin, TX, at (512)773-1122, email: kfbreeding@yahoo.com.

ily at the same time. Romirowsky prefers a joint meeting, but at times that isn’t possible because of restraining orders.

Technically, he’s making a “recommendation” because parents haven’t actually signed away their right to take the matter before a judge. Normally, though, because of the costs and time involved, parents will honor the recommendation.

Typically, he can handle a case in three hours, and he charges the parents \$200 per hour for the work. (Courts usually make the parents split the fee evenly.) Naturally, this isn’t covered by insurance. Romirowsky charges \$200 per hour for everything he does, from personal injury evaluations to actual court testimony, and even individual therapy.

Romirowsky is careful to add that while it can be rewarding, parent coordination work isn’t always pleasant. “It’s amazing. There are no limits over what parents disagree about. They’re very, very difficult to deal with.

“And often, when there’s acrimony, it often turns out that one or the other suffers from some kind of psycho-pathology.”

And naturally, multiple issues are usually on the table. In one recent

CAMFT taking heat over gay marriage

The California Association of Marriage and Family Therapists (CAMFT) and Antioch University of Los Angeles are in a spitting contest over Proposition 8, the anti-gay marriage amendment that was approved by California voters in November.

Antioch sent a letter to CAMFT in January demanding that the organization denounce Prop 8. If it didn't, university officials promised to stop recommending CAMFT membership to its MFT students.

The university then posted a link on its Web site to an online petition urging CAMFT to oppose the amendment. But the CAMFT Board of Directors met in January and voted unanimously to remain neutral, according to Executive Director Mary Riemersma.

"Historically we have never taken a position on a civil rights issue," Riemersma tells us. "The exception was one proposition, the Mental Health Services Act, which funds mental health treatment and provides training for therapists. We don't necessarily do things just because other organizations do them."

When we spoke to her, Riemersma was at pains to declare her own personal opposition to the new law.

"If everybody had a chance to vote on this, I imagine that the majority, myself included, would support gay-lesbian unions and marriage," she says.

"But frankly, if we put every dollar we had into this battle, it would not influence the outcome. It's in the courts, and the (California) Supreme Court is not taking any additional testimony."

A previous court ruling voided a state law defining marriage as strictly between a man and woman. And the court will now decide whether that ruling supersedes the new constitutional amendment.

"We may end up polling our members to see where they think we should be," Riemersma adds. "Because just like I've heard from the vocal minority, I've also heard members express the view that we should not take a position."

She says one member has quit the organization in protest. "I suspect we will lose others." CAMFT has about 30,000 members in all.

You can contact Mary Riemersma in San Diego at (858) 292-2638, email: maryr@camft.org. Antioch's beef against CAMFT is spelled out here: <http://tinyurl.com/bb47na>.

case Romirowsky dealt with, there were eight separate matters to be addressed.

Romirowsky has long-term relationships with attorneys in his area. And since he spends a lot of time in court, judges know his work. (Because he has such a specific niche, he has become well known in the legal community.)

Even so, both among his court-related clients and his traditional therapy work (about 35% of his caseload), the Web is increasingly the way that connections are made. "More often now I hear, 'I bumped into you online, and you looked OK.'"

You can contact Sam Romirowsky at Omega Professional Center, F-52 Omega Drive, Newark, DE 19713, (302) 737-7090, www.samromirowskyphd.com.

Email scam targets 'greedy psychologists'

Web scammers have apparently turned their attention to psychotherapists, says a San Francisco clinician who fielded several dubious emails from Italy. The initial email involved a third party asking for a therapy appointment for a "model" visiting the Bay area.

The email came from a purported massage therapist in Italy whose client was in need of a series of psychotherapy appointments. She offered to send the clinician, Michael Donner, a cashier's check for \$6,300.

That amount was well above the actual cost of the sessions, and Donner was told he should wire the difference to the patient's "model equipments rental manager in Asia."

Donner replied to the initial contact with some basic information on his practice and fees. But he did say he might not be the best therapist for the job.

Even so, a second email suggested specific appointment times. It began, "How are you doing today? Hope you woke up well and strong? Am very pleased to read from you..." At that point he dropped it, but decided to give colleagues a heads up.

Donner says, "Clearly this is the classic, 'Get the greedy psychologist.' I've had responses from lawyers on this, because I'm on a listserv that child custody lawyers are on. Apparently this went around the legal community a couple of years ago. It turns out the cashier's check isn't good, and the bank takes it from you."

You can contact Michael Donner in Oakland at (510)655-1278, email: mbds@sbcglobal.net.

For additional information on Web scams of this type, see <http://tinyurl.com/wl86t>. See an alert from the U.S. Treasury Department here: <http://tinyurl.com/d9a4q6>.

SPECIAL REPORT

24 tips for wringing more income from your existing business

Are you throwing money away? Most of us do, though we may not realize it. Everyone would like to *earn* more—but if you can effect some changes that allow you to keep more of the money you already earn, that's just as good.

In this report, we get advice on doing just that from 10 private practice experts—consultants and practitioners we frequently quote in *Psychotherapy Finances*. Many of these ideas won't be applicable to your own practice situation. And some of our experts contradict each other.

But all of these ideas are potentially effective for someone. And if you can make just a few of them work for you, you'll have a big advantage in this tough practice environment.

1. Try to negotiate lower office rent. Joe Bavonese, a therapist and practice consultant in Royal Oak, MI, points out that in many areas, commercial real estate was just as overinflated as residential property. Take a look around. If office space is cheaper than it was when you signed your lease—or if there are an unusual number of empty offices nearby—hit up your landlord for a break in rent.

And go for a major reduction, Bavonese suggests. One of his colleagues was able to knock an \$800 lease down to \$550. Another moved to larger quarters and got six months free. “As renters we have the power because there's so much supply.”

“Not many of us have the temerity to do it, but you will make more money.”

2. Look at your phone bill, too. Service providers are constantly coming out with teaser rates for new customers, and they may give them to you, too, if you threaten to jump ship.

3. Verify all benefits before the first session, and every five sessions thereafter. This may seem like a time-waster, but it pays off as you reduce unpaid sessions.

4. Tighten up your collection policies. At Bavonese's Relationship Institute, they don't schedule another appointment if a client has more than a one-session balance. “Obviously, if there's an emergency we'll see them, but this is the general rule. And it works.”

And there's no reason not to collect all payments, including co-pays, before the session instead of after. Stop being a money-phobe.

5. Start taking credit cards. There's no longer any reason not to. It's affordable. It's easy. And it's good customer service. Best of all, it puts an end for all time to the “Oops, I forgot my checkbook” excuse. (For a primer on the subject, with a list of processing companies that work with clinicians, see the December, 2006, issue of *PsyFin*. Request a free PDF copy by email: editors@psyfin.com.)

6. Raise your session fee by \$10. This may seem unwise in a recession, but surprisingly few people will object, according to Dwight Bain, a therapist and practice consultant in Orlando, FL. “Not many of us have the temerity to do it, but you will make more money,” Bain insists.

7. Review your sliding scale. Are you giving discounts to clients who don't really need a break? Recently, a reader related her dilemma with one of her long-term clients:

“I spent the session listening to her describe the expensive vacation she just took, then let her bully me into not raising her fee when I raised the issue...Her shoes cost more than I earned last week.”

A smarter approach is to set aside a certain number of hours each week for pro bono or heavily discounted therapy. Fill those hours with deserving clients. Then hold the line on fees with the rest.

8. But for clients who really need a break, consider a deferred payment plan. Chris Stout, a Chicago therapist and practice consultant, suggests telling a client, “I'll reduce your rate \$20 a session while you're between jobs.” Then create a plan for them to pay back an extra \$5 a session later to make up for the break.” At worst, you'll end up doing some therapy at a reduced rate.

But you may build good will that generates positive word-of-mouth—and more money—later on. Also in this vein, consider offering flexible services to broaden your appeal to out-of-pocket clients. Give clients the option of coming in every other week, or for half-hour sessions.

9. Think about doing psychoeducational groups. At LifeWorks, Dwight Bain's practice, they've geared up to

All kinds of groups

As referred to in Item 9, above, psychoeducational groups work on several levels: 1) as profit-generators in themselves; 2) as marketing opportunities, putting you in front of a room full of potential referral sources; 3) as “on ramps” to other services you provide—many people who aren't ready to go into therapy right now may be willing to sit in on an educational group.

Here are some other group topics worth considering, courtesy of Pennsylvania consultant Larina Kase: “How to manage economy-related stress;” “Speaking to your kids about money;” and “How to keep job stress from impacting your family.” (See Item 20 for more from Kase.)

And if you're not prepared to do a full-blown psychoeducational group, Sheila Peck suggests filling empty time with an ultra-low-cost support group. The New York-based consultant tells us: “I have a colleague who's doing this and she's charging \$15 a person.” Not a lot of money—but every penny represents income she otherwise wouldn't have seen.

offer anger management groups, as well as a three-hour “Recession Recovery” workshop. Up to 50 people have shown up, each paying \$30. That’s a \$1,500 gross, and Bain says anywhere from 5% to 10% eventually come in for individual therapy.

10. Supervise interns, particularly if you practice in a college town. “There’s a minimal amount of paperwork involved,” Bain says. “And this is all self-pay stuff.”

11. Do a better job of getting back to potential clients. Holly Hunt, a therapist and practice consultant in Long Beach, CA, says you should get back to them within an hour. “Prospective clients are calling a lot of people, and if you’re the one who responds you’re going to get that person without doing a lot of extra marketing.” If you’re not checking your messages four times a day, you’re not trying hard enough.

“I want to stay in-network, but you’ve got to work with me.”

12. If you’re still offering a 60 or 50-minute hour, cut it to 45. Use the extra time to return those phone calls.

13. Squeeze more money out of your managed care contracts, says Russ Holstein, a New Jersey therapist who consults with other clinicians on managed care. You can do this by digging up data to use as leverage. Holstein has won several rate increases by pointing out a shortage of licensed therapists in his town of Long Branch. (For more on that, see the box, above, right.)

14. Sell inexpensive therapeutic CDs. If you’ve written articles, or if you have a half-written book in a drawer, put this content on a CD. You can sell them at any workshops or presentations you may be doing—or on your Web site if you have one. Karen Carnabucci, a therapist/consultant in Racine, WI, gets \$20 apiece for her CDs. “They’re very easy to do. I sell one or two, here and there, and it’s all profit.”

Finding the info you need

In Item 13, consultant Russ Holstein says you may be able to negotiate a better rate with your managed care payors if you have the facts to back up your case.

Where do you find this kind of data? Check out the managed care companies’ own Web sites. Often, they post a list of available clinicians in a given geographic area. But Holstein says these lists are poorly kept, and next to useless for members. Of course, proving that takes some leg work—or finger work—in the form of dialing phone numbers

“I find very often that the networks are weak. And if they’re weak, I call the companies and say, ‘I’ve got some data here you’d be interested in. I can’t find psychiatrists to refer to, and psychologists are hard to come by. In my town there’s virtually nobody. I want to stay in-network, but you’ve got to work with me.’”

“Once you know where the bodies are buried, that gives you something to negotiate with. You have to remember that these companies may be based anywhere, and they don’t know what’s going on where you are.”

15. Make money from your office when you’re not using it. If you own your own office, or if you’ve leased more space than you need, sublet the excess. And if you’re using all the space you have, rent it out during hours you’re not using it—evenings, weekends, etc.

16. Cooperate and save. Karen Carnabucci owns the building she works in. Recently, she made a deal with a neighbor and arranged for joint winter snow plowing and summer landscaping services, at a discount.

17. Consider doing without an office—if you’re not practicing full-time. Chris Stout tells us he has a colleague who does psychological testing at public library rooms she reserves for free. And university faculty are increasingly able to use their staff office for therapy. “Both sides are becoming more flexible on it.” A few clinicians we know

A pair of low-cost, easy marketing tips

Claire Caines, quoted in the article nearby, is a therapist and practice consultant from Newton, NJ. Recently, she inaugurated two marketing programs which paid solid dividends on minor investments of time and money:

● **A display at a community bank:** Caines and her husband, a business coach, teamed up on a display in the lobby at their own bank, First Hope Bank. This was part of a free program the bank was running to promote local businesses. The display was up for most of December.

It consisted of a bulletin board, four feet by four feet, on top of a card table where they put practice brochures and other materials. The bulletin board had pictures of their office. (They work out of their home.)

“We got a weight loss client from that,” Caines says. “And that’s \$1,000 for eight sessions.”

Do banks in your area offer similar promotional oppor-

tunities? As the Caines note, small local banks are more likely to do it than regional or national players.

● **A Chamber of Commerce “piggy back mailing”** cost the Caines \$200 in January, and it netted a smoking cessation client who paid \$500 for four sessions.

It’s called a “piggy back” mailing because it involves placing a flier in an envelope the Chamber sends out with news about a variety of upcoming events.

In advertising lingo, their marketing piece is called a “slim jim.” It’s a third of a letter-size sheet, on heavy stock, printed on the Caines’ own laser printer. It went out to 750 Chamber businesses. “It stands out,” Tom says. “It’s not just a folded piece of paper. It has a lot of color.”

They figure they saved 50 cents per piece on the mailing, assuming a 42-cent stamp plus the cost of an envelope.

even do home visits. “Depending on the type of practice you have, you could come up with a scenario where you have a mailing address and nothing else,” Stout says.

18. Keep a “referral and resource list” next to your phone. When someone calls looking for a service you don’t provide, you should be able to tell them where they can go to get what they need—another therapist, a support group, etc. “Before you end the call, ask them to tell the therapist you sent them their way,” Holly Hunt says. “Clinicians will remember that, and they’re more likely to refer to you when they have someone who they can’t see.”

19. Consider a limited partnership with other businesses. Claire Caines, of the Caines Center for Psychotherapy in Newton, NJ, offers a weight loss counseling program. So she made a pitch to a local wellness center that offers a variety of related services. They agreed to have her lead a monthly group for them. She’s made a similar deal with a fitness center: a special program for gym members. The gym does the advertising, and Caines splits the gate with them.

20. Cut copying and printing costs by making your intake and disclosure forms available on your Web site. This comes from Larina Kase, a psychologist and business coach in Bala Cynwyd, PA. Of course, if you offer clients the ability to file the forms electronically, the page will need to be password protected—but not if they simply print them out and physically return them to your office.

21. Go to an outside billing service—if it pays. Look realistically at how much time you spend on collecting those managed care payments. If you could spend that time more profitably by doing more marketing, or writing, or seeing more patients, or working at some other income-generating activity, then you should do it.

22. Invest an hour every month in analyzing your income sources. Most clinicians have only a vague idea where their patients come from, who’s referring, etc. Go through your schedule to see which colleagues, physicians, or agencies are sending clients your way. That will help you change your priorities in more productive ways, such as dropping unprofitable contracts, making sure you take care of your good referral sources, and so on.

Our panel of consultants

- Dwight Bain, Winter Park, FL, (407)647-7005, www.dwightbain.com.
- Joe Bavonese, Royal Oak, MI, (248)546-0407, www.uncommon-practices.com.
- Claire Caines, Newton, NJ, (973)300-0428, <http://cainescenter.com>.
- Karen Carnabucci, Racine, WI, (262)633-2645, www.lakehousecenter.com.
- Russ Holstein, Long Branch, NJ, (732)571-1200, email: brholstein@aol.com.
- Holly Hunt, Long Beach, CA 90803, (562)987-8947, www.essentialsofprivatepractice.com.
- Larina Kase, Bala Cynwyd, PA, (610)667-1828, www.pascoaching.com.
- Sheila Peck, Island Park, NY, (516)889-2688, email: sheila2688@aol.com.
- Chris Stout, Chicago, IL, (630)296-2222, ext. 7606, email: drchriststout@gmail.com.
- Ofer Zur, Sonoma, CA, (707)935-0655, www.zur.institute.com.

23. Carry your business cards with you, always. You’ve already paid for them, so why not use them? Most therapists hang onto their cards like they were family heirlooms. But if you always have your cards with you, you’ll begin to notice that there are plenty of legitimate occasions to hand them out. You don’t have to turn into a super-salesman—just keep them handy, in case.

24. Consider bartering. This last idea is controversial, and most of the professional associations recommend against it. But Ofer Zur, a Southern California clinician and consultant, says it’s a great way to offer clients a financial break. The easiest and ethically safest approach is to trade your services for a product with an easily determined value. “I just bartered recently for a painting,” Zur tells us. “And because it came from a gallery, we had a fair market value. So we took the value and figured out how many sessions it was worth. It wasn’t complicated.”

We’ll be looking more deeply into many of the above-listed ideas in future issues.

FEEDBACK: Answers to your questions about TRICARE; FSAs and HSAs

QUESTION: “I understand that the military is in need of more mental health services, with a lot of men and women coming back from overseas deployment. I know there’s a lot of PTSD and other serious problems...How can I find out what the needs are in my area?”

ANSWER: Military personnel and their dependents have indeed been underserved over the last couple of years, as soldiers have returned from war zones in Iraq and Afghanistan. The Department of Defense has been trying to catch up by streamlining paperwork and, last September, boosting therapy rates by 5%

for billing codes 90804 through 90829.

That's taken some of the stress out of the system, according to TRICARE spokesman Austin Camacho. He now characterizes mental health services as "adequate."

But he tells us that there are still shortages in particular areas within the three TRICARE administrative regions. (See the box, right.) These contracts are handled by managed care companies HealthNet, Humana Military Services, and TriWest, respectively.

"Any time you have a large concentration of military members and their families around a small town, getting providers of different specialties is always a challenge," Camacho says.

This is reflected in recent conversations we've had with several TRICARE therapists. For example, traffic is brisk for Warren Townsend in Killeen, TX, near Fort Hood. Eighty percent of his business is TRICARE.

Volume has been on the upswing for the last three or four years, Townsend tells us. Clients not only come in with combat related problems, "but the whole family is affected--so there's a need for family therapy."

On the other hand, Barbara Harper tells us the practice she manages in Frederick, MD, near Fort Detrick, has actually seen a drop-off in TRICARE business in the last six months. "There are just a lot more TRICARE providers in this area now," Harper explains.

It's also worth noting that while the feds raised rates last fall, they are now looking at cost-cutting measures. The Congressional Budget Office (CBO) issued a report in December weighing the possibility of raising premiums and co-pays for TRICARE recipients. This would result in "a stronger incentive to use medical services prudently...."

And a final note: Just who is eligible to work with TRICARE depends on who you talk to. For instance, in the past we've quoted TRICARE employees who said MFTs were ineligible--only to be upbraided by AAMFT officials who showed us the federal law specifically making them eligible.

We also get mixed messages about LPCs. An employee for a regional TRICARE contractor assured us that LPCs were ineligible. But a national official said that was wrong. Both MFTs and LPCs are eligible, he said--but only with a physician referral. And that contradicts the actual experience of several MFT and LPC readers of *PsyFin*, who tell us they routinely receive reimbursement from TRICARE with no physician referral.

TRICARE basics

There's more to it than this, but very basically, TRICARE offers three types of plans.

The first is TRICARE Prime, which is an HMO-type plan serving personnel on a military base.

Some have a plan that also allows them to go off-base for services. This is called TRICARE Extra.

TRICARE Standard is more like a PPO that allows members to access out-of-network providers. (But like other PPOs, the co-pay is higher.)

Psychologists, psychiatrists, clinical social workers, marriage and family therapists, and licensed professional counselors can provide services for TRICARE, according to a spokesman.

And even if they aren't in-network, providers have to contact a TRICARE office before taking on a client. Credentials *are* checked.

Regional contact information:

- TriWest, (888)874-9378. To find an office in your state, go to www.tricare.mil/westtsc/default.cfm.

- TRICARE North, (877)874-2273. Provider Web site: <http://tinyurl.com/dlqzkm>.

- TRICARE South, (800)700-8646. Humana Military Services (www.humana-military.com) holds this contract, but mental health is carved out to ValueOptions.

To find reimbursement rates for your area and license, go to www.tricare.mil/cmacc.

QUESTION: "Some of my clients have flexible spending accounts (FSAs). This has always been a good way for them to satisfy co-pays and deductibles. But now, because of all the layoffs, I'm increasingly finding that the FSAs have been zeroed out. As a result, I'm stuck with bills that the client can't pay. Is there anything I can do to avoid this? Also, I understand that more people are using Health Savings Accounts (HSAs). What is the difference between the FSAs and HSAs?"

ANSWER: The most pertinent difference is that with an FSA, an employee loses all the money in the account in the event of a layoff or job change. An HSA, on the other hand, is like a bank account that the employee keeps and takes with him or her, whatever happens.

For details, we spoke with Darla O'Donnell of OptumHealth Financial Services, who tells us that up to 20% of insured Americans now have an FSA. That's about 16 million accounts. (Only about five million Americans have an HSA, a concept introduced in 2004.)

With the FSA, the employee decides before the calendar year begins how much to put into the account. Then, an amount is deducted each week from the employee's paycheck, pre-tax, to cover that amount. For example, if a worker puts \$520 into an FSA, the employer would deduct \$10 per week from the employee's paycheck.

Let's say the employee incurs a \$520 out-of-pocket health care expense in March due to uncovered co-pays and deductibles. That's fully covered, even though the employee won't have finished contributing to the account until the end of the year.

It's worth noting that with an FSA, the employer holds the funds but the insurer still processes the claims under a "financially integrated approach."

In other cases, the insurer processes the claims through an FSA by sending a check to the patient--who is then expected to pay the provider. (For an example of how another insurer--Aetna--handles this option, see <http://tinyurl.com/bw9vnz>.)

But what happens if the employee is laid off in the interim? "If there is money left in the account, they would forfeit it," O'Donnell explains. "Conversely, if they had spent the money in March and they were laid off in June, the employer forfeits the money."

Even if the laid off client maintains health care coverage--either because the policy continues as part of a severance package or the employee has gone COBRA--the FSA is still gone.

This is a situation that Michele Frank, a New York therapist, has become familiar with these last few months. "I've had cases where people have dropped out of treatment and have owed a few sessions of co-pays they'd planned to pay with their FSA. One week they didn't bring their checkbook, the next week they didn't have the cash and were going to mail a check. But then the next week they don't show up at all.

"I realize I probably need to create a form people would sign saying, 'In the event you have some sort of employment reversal, you are still responsible for unpaid claims.'"

Managed Care Alert: New Opportunities for Providers *

EAP Lifestyle Management, based in Alabama, is a smallish EAP with members spread all over the country, and some overseas. The rep we spoke to mentioned openings in the Southeast, including Florida and Georgia. “We have a contract pending in Washington,” she added, saying they were expanding their network in that state in anticipation of future business. This company’s clients include both public and private sector employers. They operate on a 3-5 session model, with a reimbursement rate of \$65 for master’s-level professionals and \$75 for PhDs. (Those figures are the same we were given two years ago.) Request an application via email: jhall@eaplifestyle.com. The company’s phone number is (800)788-2077.

EAP Works, based in Georgia, is a small EAP operating primarily in Gwinnett County, with some business spread through the rest of the state. The rep we spoke to mentioned the Southeast part of the state as an area of expansion. To request an application, call (800)882-1985. See the company online at www.eapworklife.com.

ESI Employee Assistance Group, based in Wellsville, NY, is a national provider of EAP services. This company is the result of a consolidation of several smaller employee assistance companies that have been listed in this column in the past. These include Longview Employee Assistance, EAP Incorporated, and Health Association EAP. The consolidated ESI pays \$60 to \$75 per session, varying by geography and license. Their standard product is a three session model, with eight sessions being the upper limit. Self-referral is permitted. Employer-clients are both public and private sector, with the heaviest concentration of business in the Northeast. “But we have some members all over the country, with some in Canada, too,” a rep tells us. Request an application via email: jackiestilson@theeap.com. The company’s phone number is (800)821-5040.

*** Using Managed Care Alert:** We generally specify the department within a company that you’ll need to reach. But sometimes it isn’t possible. If you don’t know who you need to contact, try asking for “provider relations.” Some companies use the terms “network development” or “network manager.” **And please note:** Listings in “Managed Care Alert” are verified by our editors. At times, however, clinician response overwhelms company employees—and they are less than accommodating to you. Our advice is to stick with it. If you’re discouraged from applying, put the info away for a while—then try again.

Frank had been allowing some clients to build up a \$300 to \$500 balance, assuming that it would come out of the FSA. She sends out a letter to delinquent clients but notes, “if they’ve lost their job, chances are very good that they’re not going to respond to you.”

This is a particular problem with younger clients, she adds, who are “overwhelmed by job loss, and already living close to the wire.”

O’Donnell says therapists who can accept an OptumHealth debit card for co-payments and deductibles would know at the time of service whether there was money in the FSA or not.

But not all insurance plans offer debit cards tied to FSAs or HSAs, and many clinicians aren’t set up to process them anyway.

Contacts: **1)** Michele Frank, 19 W. 34th St., Penthouse Suite, New York, NY 10001, (212) 947-7111, ext. 255; **2)** Barbara Harper, 13 E. 2nd St., Frederick, MD 21701, (301) 694-8684; **3)** Darla O’Donnell via Brad Lotterman, OptumHealth, Santa Ana, CA, (714) 445-0453; **4)** Warren Townsend, 1711 E. Central Expressway, Ste. 103, Killeen, TX 7654, (254) 526-7272.

Psychotherapy Finances

...is the leading practice resource for behavioral health providers. If you’re not a regular reader, join us now to get the best advice and information on the behavioral health scene. Pay just \$79 for a year’s service – including a copy of our next “Fee and Practice Survey.”

Name: _____

Care of: _____

Address: _____

Phone: () _____

Email: _____

Check enclosed / Charge my:

Visa Mastercard AMEX Discover

Number: _____ Exp: _____

Signature: _____

Psychotherapy Finances, P.O. Box 8979, Jupiter, FL 33468
Phone: (800) 869-8450 Fax: (561) 743-3504 4/09

PROFESSIONAL NOTES:

States are slashing public mental health services. Examples range from eliminating social support clubs for the mentally ill, to closing entire mental health facilities, according to a report in the March 6 *Psychiatric News*. More than half the states are scrambling to come up with cash to keep budgets balanced, and problems are forecast to continue through next year. See <http://tinyurl.com/7h1bse> for more.

The 12 most annoying things therapists do are: 1) showing up late for the session; 2) eating during the session; 3) yawning or sleeping; 4) inappropriate disclosures; 5) being unreachable by phone or email; 6) being distracted by phone calls during a session; 7) expressing lifestyle, sexual, or religious preferences; 8) bringing a pet to a session; 9) hugging or physical contact; 10) inappropriate displays of wealth; 11) clock watching; and 12) excessive note taking. That's according to a March 8 *PsychCentral* article by John Grohol. Reader responses at the end of the article shed further light on the topic. See <http://tinyurl.com/bklrx3>.

Sixty-seven percent of Web users now use a blog or social networking site, according to a study by the Nielsen Company, and these practices are growing twice as fast as other Web activities. Nielsen says Facebook is the most popular online community, visited by 30% of Internet users every month. For a story about using online social networks as professional marketing tools, see the December, 2008, issue of *PsyFin*. For more on the Nielsen report, see <http://tinyurl.com/cfzjlt>.

People who know a suicide are more likely to take their own lives, according to a team of Swedish and British researchers. Results of their study--which examined 1,116 suicides among residents of Stockholm in the 1990s--include the following: 1) People who know a work colleague who has committed suicide are 3.5 times more likely than average to kill themselves; 2) That number rises to 8.3 for people who've had a suicide in their family. "The suicide of someone else can be a trigger that makes you do it," Dr Monika Nordvik from Stockholm University tells *The Telegraph* (Britain, March 13)...Another risk factor for suicide: just being in Las Vegas--either as a resident or a visitor. Temple University sociologist Matt Wray, a former Las Vegas resident, looked at 40 million death records in the U.S. spanning 30 years. He says the city attracts risk-takers, and there is no safety net for those who are most vulnerable. See the December issue of *Social Science and Medicine* (<http://tinyurl.com/co7vg8>) for more.

International

- **Australian researchers say that an insensitivity to sarcasm is a possible sign of dementia**—specifically, frontotemporal dementia (FTD). This may explain why FTD patients have trouble detecting mood changes in their caregivers. A “sarcasm test” could replace more expensive diagnostic tools. Research is to be published in an upcoming issue of the journal, *Brain*. For more, see <http://tinyurl.com/2g5eey>.

- **Dutch psychologists are eying New Mexico** as the drive for prescriptive authority goes international. That's according to Elaine LeVine, the Las Cruces, NM, psychologist who helped push the prescription law through in that state. Now, psychologists in the Netherlands are pushing for their own law, LeVine wrote in the November/December issue of *The National Psychologist*. She says the clinicians are already using the New Mexico State University program to train practitioners in advance. Read LeVine's article at: <http://tinyurl.com/5srck3>.

Coming soon in Psychotherapy Finances...

- Effective marketing by a Christian counselor.
- Making connections with physicians and lawyers.
- HIPAA: Expectation and reality.
- Niche: pre-surg evals for bariatric patients.
- Old media still work: Writing newspaper columns.
- More Managed Care Alerts.

Please send comments, suggestions and questions about content to: editors@psyfin.com