



# CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



## 2012 Winter Newsletter



### The President's Message



By Susan O'Grady, Ph.D.

Our annual meeting is January 27 at the Walnut Creek Library. We will host a Meet & Greet with our Assembly Member, Joan Buchanan, during the first hour of the meeting. Ms. Buchanan has a special interest in educational issues in Contra Costa County. CCPA is considering forming a task force to look at ways our membership can work with county schools to provide assistance to students, families, and staff during these times of budget shortfalls. We invite psychologists who have an interest in volunteering their time and expertise to participate in this task force. The meeting will be followed by our CE workshop "Addictions Update" with Dr. Nancy Piotrowski. Please contact Dr. Alissa Scanlin, [drscanlin@pacbell.net](mailto:drscanlin@pacbell.net), to register for this workshop. Our business meeting and lunch will precede Dr. Piotrowski's talk.

As we move into the New Year, we look for ways to help better serve our membership's needs. One of the most important things CCPA does is present continuing education workshops. We welcome your ideas for speakers in the upcoming year as well as for 2013. We have often drawn speakers from our own membership, as many of us have developed noteworthy expertise. By using our own colleagues we gain familiarity with their practice areas as well as support each other in this business of psychology. As I look through our current membership list, I see many who are new to CCPA. I encourage anyone interested in speaking to please contact me, or our Programs Chair, Dr. Alissa Scanlin. If public speaking is not at the top of your life list, giving short talks on topics in psychology to a supportive group of peers may be a vehicle for warming up to the idea.

Dr. Candia Smith has organized an early career-mentoring group that meets once a month on Friday. They are looking for psychologists to speak about issues that come up in clinical practice—from the business of practice to self-care. Please contact Dr. Smith if you have a topic you would like to present to the group. Dr. Ellin Sadur and Dr. Barbara Peterson, co-chairs of our CLASP committee, will speak about self-care during an upcoming meeting. For those of you who don't know, CLASP is the Colleagues Assistance and Support Program, that provides preventative resources in supporting us as professionals in maintaining and enhancing our general health and well-being throughout the developmental spectrum of our professional lives.



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Thankfully, we have had few, if any, calls for CLASP – but know that it is there to take advantage of when needed. Psychologists do hard work. Compassion fatigue and secondary trauma are real. Despite our thorough training in managing counter-transference, none of us is immune to the drain our work can cause. My lovely ninety-three year old mother frequently asks me, “How can you listen to all those people’s problems hour after hour, day after day?” It is indeed a question often asked of us all. Engagement in our work requires attentive self-care.

Dr. Karyn Goldberg-Boltz’s monthly networking lunch, also on Fridays, is an opportunity to meet with colleagues and brainstorm about how to build one’s practice and to provide case consultation to each other.

“First Fridays” at Scott’s restaurant is now a monthly fixture of our CCPA social community. And like *Cheers*, everyone knows each other’s names as they lift a glass to TGIF. I have been told that new members occasionally join in the conviviality, as it is a great way to meet fellow psychologists in the county. I have not yet taken advantage of these meetings but plan to attend my first First Friday in February. I hope to see many of you there!

The “Find-a-Psychologist” function on our website is being used by more of our members because of its usefulness in promoting their practices. If you have not created a profile, I encourage all of you to do so and take advantage of this benefit of membership. It’s a great way to tell the public and your colleagues about what you do. Creating a profile is straightforward. If needed, Dr. Fran DiDomenicis will walk you through the technical steps, including importing your photo. I highly recommend that everyone include their photo in their profile. I have made use of the FaP numerous times to put a name with a face when making a referral.

I invite our members to consider writing a short article to post on the CCPA website. Dr. Barbara Peterson and I are at the ready to help you edit it and refine it for publication for the site. Our quarterly newsletter is also an opportunity to publish your clinical expertise and experience. Dr. Sarah Wood, our editor, has been persistent in trying to recruit articles for the newsletter, and few have taken advantage. Now is the time to act.

As our membership grows, Dr. Shendl Tuchman tracks new members and manages the email list-serves, which she has done now for seven years. Shendl makes it look easy, but I know the hours she has given to our organization.

I am happy to say that our organization is financially healthy. Dr. Marley Middlebrook, our treasurer, keeps track of all of our accounts. She is prepared at every meeting to inform us of how much money we have collected in the last month, and how many checks we wrote.

Dr. Howard Friedman, Chair of our government affairs committee, and CPA representative, took over for Dr. Ed Abramson who did this job for many years. Ed was “termed-out” but remains on our board as our Ethics Chair, a position required by CPA. Fortunately, ethical complaints are few, but Ed makes himself useful in our meetings through his many insightful contributions, and his gentle humor is appreciated by all.

Dr. Andy Poijam has been a presence on our board since my partner, Dr. David O’Grady, recruited him too many years ago to admit. Andy offers his office at The Oasis Center for our monthly meetings, and although he hasn’t held an official position on the board in a number of years, I convinced him to act as our Historian. Andy has also served as our coordinator for CE’s with CPA. I can always turn to Andy for his experience and wisdom.



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Our newest member of the board, Dr. Elizabeth Leftik, joined the board at the beginning of last year at my urging. I saw that our board was (ahem) getting older, and we need younger psychologists to carry the torch of CCPA. Dr. Leftik agreed to take the position of Disaster Response Chair.

New for 2012: We will include a more user-friendly section on the website that will highlight available therapy groups. Currently, it is available to members when they login, but is not easily visible to the public. As a resource for both our group leaders and the community, we will be adding a listing of ongoing and newly forming groups to the Find-a-Psychologist. We have a variety of tremendous groups that include DBT,

divorce recovery, interpersonal, men's groups, women's groups, to name just a few. It will be the responsibility of each leader to update their group information.

I invite anyone interested to join us at our monthly board meetings. We meet the second Tuesday of each month from 11:30 – 12:45. Bring your lunch, and your ideas.

My wish for you at the New Year is that you find in your work a connection to the passion that originally drew you to explore our intriguing field. Have a healthy and prosperous new year. ♦

## Insurance

### A Year after California Regulators Began Scrutinizing More Health Insurance Rate Hikes, Reaction Has Been Mixed

By Sandy Kleffman, Bay Area Newsgroup

Published originally in the Contra Costa Times

California regulators last year won expanded authority to scrutinize health insurance rate hikes, but their continued lack of real power has consumers gearing up for a new battle with the insurance industry over rate regulation.

The new law permits regulators to conclude a rate hike is excessive, but they can only try to persuade or shame insurers into backing off.

Consumer groups want California to join the 36 states with some form of rate control.

The state's only attempt to use its most potent weapon -- publicly declaring a rate increase excessive -- failed when Anthem Blue Cross upped one of its premiums by 16.1 percent anyway.

Another state agency reviewing increases -- the Department of Insurance -- got them delayed, dropped or reduced in 17 percent of 300 cases, saving consumers more than \$100 million.



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But in a state where premiums for employer health insurance have climbed 153 percent since 2002, consumer advocates want regulators who can do more than plead and cajole.

One group has announced that within the next few days it will begin gathering signatures for a ballot initiative to set up real rate regulation.

Others want to revive a regulatory measure in the Legislature.

"There's clearly a lot more to do," said Anthony Wright, executive director of Health Access California, a statewide consumer group.

The new state law, SB 1163, requiring more insurers to document the need for rate hikes took effect Jan. 1, 2011.

### **Mixed Results**

Health insurance oversight in California involves two agencies: The Department of Managed Health Care oversees health maintenance organizations, or HMOs, and the Department of Insurance oversees most preferred provider organizations, or PPOs.

After reviewing rate hikes, the agencies can request more information, find everything to be in order, or try to embarrass an insurer by publicly declaring an increase unreasonable.

Or they can attempt to persuade an insurer to lower the request. They used this tactic last year to convince several dozen insurers to modify increases, sometimes substantially.

"We've seen rate retractions and rollbacks and rebates that have totaled hundreds of millions of dollars for California consumers," Wright said.

Jamie Court, president of Consumer Watchdog, is no fan of the new law.

"Absent the hammer, health insurers have been getting away with murder," he said. "We're seeing double-digit rate hikes and no end in sight. This was really a fig leaf."

Consumer Watchdog will attempt to qualify a November initiative that would give the state veto power over rate hikes for many insurers.

Court predicted the insurance industry could spend as much as \$100 million opposing the measure.

Health Access California will continue to seek regulation through AB 52 by Assemblyman Mike Feuer, D-Los Angeles. It, too, faces a stiff fight.

Insurers and groups such as the California Medical Association, California Hospital Association and the California Chamber of Commerce opposed the bill last year. Similar measures have died four times in the Legislature.



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But Feuer said he is not giving up.

"The bill has passed the Assembly and gotten past every hurdle in the state Senate except the Senate floor," he said. "I am in the process of pursuing the couple extra votes I need to get the bill to the governor's desk.

"There are few issues that are more important to working families up and down the state than this issue," he added, "and I don't give up easily."

Insurers oppose most forms of rate regulation, arguing that it would create regulatory bureaucracy that could cost the state \$30 million a year.

Such measures would do nothing to address the real reasons for rising premiums, said Patrick Johnston, president and CEO of the California Association of Health Plans.

He cited soaring medical costs, seismic requirements for hospitals, inadequate government funding for Medi-Cal patients, and the hefty cost of medications and fancy new equipment.

SB 1163 has had the biggest impact on the state Department of Managed Health Care. Before the law, the department in most cases had no rate-review authority. Now, it receives numerous filings to scrutinize.

### **Anthem Says No**

But last year, nothing happened when it used its biggest hammer against rate increases.

Anthem Blue Cross had announced it wanted to hike rates May 1 for 30,600 policyholders by an average of 16.1 percent.

The state agency declared the increase unreasonable, noting that it was 3 percent to 4 percent higher than plans with similar benefits.

But an Anthem spokeswoman disagreed, arguing that an actuary hired by the state had deemed the hike "not unreasonable or unjustified." Anthem proceeded without yielding a cent.

Through negotiations, the department did persuade several other insurers to lower rate hikes.

"The plans have taken this very seriously -- I do believe that we have the power to influence their filings," said Dennis Balmer, a department deputy director.

The state Department of Insurance did not declare any rate hikes unreasonable last year.

"We've just been focused on using our very limited authority to convince the insurers to lower excessive rates before they go into effect," said Deputy Commissioner Janice Rocco.

Her boss, Insurance Commissioner Dave Jones, supports AB 52 to give the agency more power.



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"Transparency is important, but the authority to reject excessive health insurance rate increases is really necessary in order to adequately protect consumers," Rocco said.

The Department of Insurance for a decade has reviewed rate filings for health insurance plans on the individual market. SB 1163 expanded its oversight by including other plans.

All told, the Department of Insurance reviewed about 300 rate filings in 2011 and got rate increases reduced, postponed or withdrawn for 50 of them, Rocco said.

That's not easy to do when an agency has as little authority as seen in a letter the Department of Managed Health Care sent to Kaiser last year.

Interim director Edward Heidig told Kaiser the department had identified "troubling" factors in the rate request, including a lack of substantial evidence to support it.

"Therefore, the Department respectfully reiterates its request that Kaiser significantly lowers its rate increase," his letter concluded. Kaiser eventually agreed.

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**Contact Sandy Kleffman at 925-943-8249. Follow her at [Twitter.com/skleffman](https://twitter.com/skleffman)**

### Rate Cuts

Two state agencies had some success last year in persuading health insurers to cancel or reduce rate hikes.

Department of Insurance actions in 17 percent of 300 cases it reviewed saved consumers more than \$100 million.

The Department of Managed Health Care negotiated several reductions, including these:

- Health Net dropped a May 1 increase for one of its plans from 12.3 percent to 9.6 percent, saving 180,000 enrollees about \$7 million.
- Health Net lowered a July 1 increase for a different plan from 12.6 percent to 10.1 percent, saving 27,000 people about \$1.5 million.
- Kaiser Permanente reduced a July 1 hike from 10.9 percent to 9.5 percent, saving 696,000 enrollees about \$13.5 million. ♦





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### CPA Corner

#### Progress Notes

Published by the California Psychological Association

Volume X, Issue IV Monday, March 7th, 2011

#### Questions and Answers about the Federal Parity Act

Provided by APA

The Paul Wellstone and Pete Domenici Mental Health Parity & Addiction Equity Act (MHPAEA) became law in October 2008. The federal government published its Interim Final Rule (IFR) in February 2010 to implement this full mental health insurance parity law. The IFR provides clear guidance and strong consumer protections that become effective for health plan years beginning on or after July 1, 2010. For most plans, this means that the IFR will apply on January 1, 2011.

A group of managed behavioral health organizations filed a lawsuit against the federal government in the spring of 2010 to block implementation of the IFR. On June 21, a judge with the U.S. District Court for the District of Columbia dismissed the lawsuit, allowing the regulatory process governing the federal parity law to proceed. Practicing psychologists have raised numerous questions about MHPAEA and its impact on practitioners and consumers of psychological services. This question-and answer article addresses several common inquiries.

#### **Can I assume that all my patients are covered by the federal parity law?**

No. MHPAEA covers most but not all health plans. The federal law applies to employer-sponsored group health plans of more than 50 employees. State and local government employee plans may opt out of the federal parity law, though few of these plans have done so.

If a plan does not cover mental health benefits, MHPAEA would not pertain to your patients in such a plan. Fortunately, nearly all employer-sponsored health plans cover mental health services.

#### **Is it true that health plans may drop mental health benefits rather than comply with the new parity law?**

MHPAEA does not mandate the inclusion of mental health or substance use benefits in insurance plans. Instead, the parity law contains "coverage conditions" that apply only if a plan covers such services. We do not expect implementation of the rule governing the federal parity law to have any substantial impact on the nearly universal extent of mental health services coverage. The Kaiser Family Foundation's 2010 survey of health coverage found that less than 2 percent of firms with more than 50 employees—those to which MHPAEA applies—dropped mental health insurance coverage because of the federal law.

Although not a common practice, an insurer may exclude coverage of particular diagnoses—for example, autism or ADHD—in its coverage agreement with an employer. Check with the employer's human resources office to verify that a diagnosis exclusion applies.



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### **My patient's insurance plan has an arbitrary limit on the number of outpatient mental health sessions per year. What should I do?**

A plan that continues to use a prior mental health benefit limit—for example, 30 inpatient days and 20 outpatient sessions per year—is in violation of MHPAEA if the same limits are not placed on medical/surgical benefits. You or your patient may wish to contact the health plan to urge compliance with the law. Alternatively, your patient may want to contact his or her human resources office for assistance.

### **My patient's insurance company does not require pre-authorization for outpatient medical/surgical visits to primary care physicians such as internists and family physicians, but does require preauthorization of outpatient psychotherapy visits in order to be reimbursed for these services. What should I do?**

The Interim Final Rule goes beyond what many people normally think of as benefits requirements. Under the Wellstone-Domenici parity law, a health plan may manage benefits under the terms and conditions of the plan. If a plan does so, the IFR requires that management of benefits must be at parity.

The Interim Final Rule stipulates that mental health benefits may not be managed more stringently than medical/surgical benefits. Pre-authorization requirements are one form of benefits management. If a plan imposes pre-authorization requirements on mental health benefits that it does not impose on most medical/surgical benefits, that plan would be violating the parity law. Pre-authorization requirements and other “non-quantitative treatment limitations” (NQTL) that may be applied to mental health services must be comparable to NQTLs that apply to medical/surgical benefits.

Insurance companies seem to be interpreting and applying this requirement differently, and they may continue doing so after January 1, 2011. Staff for the APA Practice Organization is working with state psychological associations to help resolve situations where insurance companies appear to be applying the “comparable to” standard inappropriately. We will continue to keep members informed about relevant developments.

### **My patient's health plan is requiring a higher patient copayment for my services because the plan considers me a “specialist.” Does the new law consider me a specialist?**

No. The Interim Final Rule explains that a plan that requires mental health providers to be classified as specialists for the purposes of calculating copayments is violating the law.

### **Should my patient or I report non-compliance by an insurer to the government?**

Beyond speaking with a human resources office and the insurance company, you and/or your patient may file a formal complaint with the federal government. Complaints about insurance plans regulated under state law may be made via a toll-free Health & Human Services help line at 1-877-267-2323, extension 61565 or by emailing [phig@cms.hhs.gov](mailto:phig@cms.hhs.gov). For “self-funded” plans governed by the federal law known as ERISA (generally those of large employers), the Labor Department may be reached at 1-866-444-3272. A word of caution to temper expectations: There may not be adequate staffing to investigate each complaint received.

Most people in the United States have health insurance coverage, typically provided by their employer. Historically, many health insurance plans provided far less coverage for mental health services compared to physical health (medical/surgical) services. For example, a health plan might have covered only 50 percent of costs related to seeing a



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psychologist but 80 percent of costs related to seeing a primary care physician.

To help end discriminatory insurance coverage of mental health and substance use services, Congress passed the Wellstone-Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) in 2008. This question-and-answer guide explains how this historic federal law affects insurance coverage for mental health and substance use services.

### **What is the Mental Health Parity and Addiction Equity Act?**

The Mental Health Parity and Addiction Equity Act, or MHPAEA, requires private health insurance plans to provide equal coverage for mental and physical health services. Congress passed MHPAEA so adults and children suffering from mental health disorders, such as anxiety and depression, and substance use disorders, such as those related to alcohol use, would have better access to the treatment they need.

### **When does MHPAEA take effect?**

The law took effect on January 1, 2010. The following month, the federal government published a rule that provides guidance for group health insurance plans on how to comply with MHPAEA. For most health plans affected by the federal parity law, the federal rule pertaining to MHPAEA will begin to apply on January 1, 2011.

### **Does the law apply to my health insurance plan?**

The law applies to all group health insurance plans for more than 50 employees that provide mental health or substance use disorder benefits as part of the plan. MHPAEA does not apply to smaller group health plans or to Medicare. State and local government employee plans may opt out of the federal parity law, though few of these plans have done so. Importantly, plans for 50 or fewer employees are subject to the requirements of state mental health parity laws.

**Does MHPAEA require my health plan to provide mental health benefits?** MHPAEA does not require private health insurance plans to include mental health benefits. Even so, nearly all employer-sponsored health plans in the United States include these important benefits.

### **Is my employer likely to stop providing mental health benefits as a result of MHPAEA?**

Employers are very unlikely to do so. The Kaiser Family Foundation's 2010 survey of health coverage found that less than 2 percent of firms with more than 50 employees – those to which MHPAEA applies – dropped mental health insurance coverage because of the federal law.

### **What does “mental health and substance use parity” mean?**

Mental health and substance use parity means that coverage for mental health and substance use benefits must be at least equal to coverage for physical health benefits. In other words, all of the financial requirements and treatment limitations applied to mental health and substance use benefits may be no more restrictive than those applied to physical health benefits.

Financial requirements include lifetime and annual dollar limits, deductibles, copayments, coinsurance and maximum out-of-pocket expenses. Treatment limitations include frequency of treatment, number of visits, days of coverage and other similar limits.



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### **What kinds of treatment limitations and financial requirements are prohibited under MHPAEA?**

A health plan may not place a treatment limitation or financial requirement on mental health and substance use benefits unless the same limit is placed on physical health benefits. For example, a plan covered under MHPAEA may not apply a 20-visit annual limit to seeing a psychologist but no annual limit to seeing a physician. If annual office visits to your physician are not limited, annual office visits to a psychologist may not be limited.

Another example: A patient may not be required to make a \$50 copayment for a psychotherapy session but only a \$20 copayment for a physician's office visit. The patient's out-of-pocket expense must be the same for both visits.

### **Does a health insurance company have to tell me why it has denied an insurance claim?**

An insurance company may deny a claim for a variety of reasons. A common reason is that health plans only pay for services that they consider to be "medically necessary." MHPAEA requires insurance plans to make their medical necessity criteria available to current or potential participants. A health plan must inform participants why a claim has been denied, whether due to decisions about medical necessity or other reasons.

### **Is MHPAEA limited to coverage of certain mental health diagnoses?**

No. MHPAEA does not exclude any mental and substance use disorders diagnoses. Under the federal law, parity requirements apply to all services covered by a health plan. MHPAEA does not prohibit a health plan from denying coverage of individual mental health or substance use disorder diagnoses. Although not a common practice, a health plan may disallow coverage for individual diagnoses as specified in the terms of its coverage contract with an employer.

### **Does MHPAEA apply to out-of-network services?**

Yes. When people have access to "out-of-network" (OON) services through their health plan, it means they may receive services from health care providers such as psychologists and physicians who do not participate in the health plan's network of providers. If a health plan that must comply with MHPAEA provides both OON physical and mental health/substance use disorder benefits, these benefits must be provided at parity. If a plan offers OON benefits only for medical/surgical services, the parity law requires the plan to add OON mental health and substance use disorder benefits, at parity.

### **What should I do if I think my health plan may not be complying with MHPAEA?**

Speak with the human resources staff person or other employee in your company or organization who oversees the health insurance plan. You may also want to contact a representative of the insurance company that administers the health plan to raise your questions and concerns.

Further, you have the option of filing a formal complaint with the federal government. Complaints about insurance plans regulated under state law may be made via a toll-free Department of Health and Human Services help line at 1-877-267-2323 ext. 61565. For "self-funded" plans governed by the federal law known as ERISA (generally those of large employers), you may contact the Department of Labor at 1-866-444-3272.



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### California Lawsuit Takes Aim at Defining 'Medical Necessity'

Practicing psychologists are often puzzled by insurance companies' criteria of "medical necessity" which is used to consider whether or not treatment of the patient's condition is covered by the policy. Below is a report of a lawsuit that seeks to clarify how the definition of "medical necessity" might be applied.

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A lawsuit that goes to trial in Los Angeles Superior Court this week raises questions about whose opinion should carry the most weight when determining what is medically necessary. A lawyer for the plaintiff argued that the opinion of the patient's physician should carry more weight than a doctor hired by an insurance company to review claims. A lawyer for the defense could not be reached, but the insurer in court briefs argued that its policy's coverage was "plain, clear and unambiguous." Read more:

<http://www.californiahealthline.org/articles/2011/3/3/california-lawsuit-takes-aim-at-defining-medical-necessity.aspx#ixzz1FZW45ene>

### Psychologist Sentenced To Prison for Fraudulent Medicare Billing

A Pennsylvania psychologist was sentenced to prison for billing Medicare for services he did not provide. A trainee supervised by the psychologist actually provided the service, a practice prohibited by Medicare rules. The information provided below was taken from an article in the Centre Daily Times.

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WILLIAMSPORT — A State College man was sentenced to five months in prison Thursday for fraudulently billing Medicare. Julian Metter, 58, collapsed in front of the bench while U.S. Middle District Judge John E. Jones III was explaining the reason for the sentence he was about to impose. Following a short recess, the hearing continued with Metter in a chair. The jail sentence will be followed by two year's supervised release, including home confinement with electronic monitoring for the first five months.

Jones told Metter he must also make restitution of \$13,423. Still to be determined is whether \$4,423 Metter paid in 2007 should be applied to that sum. He paid the remaining \$9,000 Thursday. Jones tentatively set an April 15 hearing to resolve the issue if the prosecution and defense are unable to do so in the next 30 days.

The sentence included a prohibition of Metter again applying for a license as a psychologist in Pennsylvania. Jones noted Metter, who remains free until he reports to prison on April 4, had agreed to that when he surrendered his license. Metter pleaded guilty in June 2009 to a charge of making false statements in making claims for health care services between October 2002 and October 2005.

Metter admitted he broke the law by submitting hundreds of claims for payments for seeing patients on days he was not in Centre County. He said a trained assistant saw patients on those days. Assistant U.S. Attorney Wayne P. Samuelson, who argued for a sentence of about 17 months in prison, countered that the case was not just bad billing, but "a fraudulent scheme." Metter used patients he claimed he was helping to further his billing scheme, the prosecutor charged. Read more:

<http://www.centredaily.com/2011/02/25/v-print/2543550/former-state-college-psychologist.html#ixzz1EyXnDCmk>



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### Carriers Adopting New Standard Which Lowers Compensation for Out-of-Network Practitioners

Story Source-American Medical Association's "American Medical News"

Practitioners who are not on carriers' networks are likely to soon be reimbursed at a rate based on a standard that is lower than the Usual, Customary and Reasonable rate that had been commonly used by the industry. Many plans appear to be considering adopting a fee schedule for out-of-network practitioners that is based on the lower rates paid by Medicare.

A change of this kind will increase the insurance companies' profit margin at the expense of patients, who will have to make up the difference resulting from the lower insurance company payment to the practitioner. This change is coming about after CPA and some other practitioner organizations sued carriers for using an industry-sponsored company, Ingenix, to determine the UCR rates. Ingenix was found to be using data which had been rigged to produce rates lower than the actual UCR rates in the community. The carriers then reimbursed the practitioners at a rate that was really lower than the UCR rates and pocketed the difference. ♦

## Calendar of Events

### Annual Meeting, Jan 27th

Our annual meeting is January 27 at the Walnut Creek Library. We will host a Meet & Greet with our Assembly Member, Joan Buchanan, during the first hour of the meeting. The meeting will be followed by our CE workshop "Addictions Update" with Dr. Nancy Piotrowski. Please contact Dr. Alissa Scanlin, drscanlin@pacbell.net, to register for this workshop. Our business meeting and lunch will precede Dr. Piotrowski's talk.

### Professional Networking Group, 3<sup>rd</sup> Friday, Monthly

Professional Networking Group third Friday of each month at noon at the office of Goldberg-Boltz 2930 Camino Diablo, #305 in Walnut Creek.

### Early Career Group, 2<sup>nd</sup> Friday, Monthly

The second Friday of Each month the Early Career Group plus mentors meets at ATC 5 – 6 or 6:30. 61 Moraga Way, #6 in Orinda.

### Professional Networking Dinner, March 13th Mark Your Calendars!

We are planning a networking dinner with the East Bay Psychiatric Association on March 13 at 6:30 at Alborz restaurant in Walnut Creek. We hope this is the beginning of an ongoing discussion of integrative care, functional medicine and multidisciplinary collaboration. Watch the listserv for the invitation or contact Karyn Goldberg-Boltz at karyn@drgoldbergboltz.com. ♦



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### LIST OF GROUPS

#### A Healthy Divorce/Separation Group

Meeting Day: Monday's  
 Meeting Time: 6:00 – 8:30pm  
 Group Leader: Shendl Tuchman, Psy.D.  
 Contact Number: 510-201-3435  
 Email: dr.tuchman@earthlink.net

#### Chronic Pain/ Illness Support Group (ages 30–65)

Meeting Day: Wednesdays  
 Meeting Time: 12:15-1:45pm  
 Group Leader: Ann Steiner, Ph.D., MFT, CGP  
 Contact Number: (925) 962-0060  
[www.PsychotherapyTools.com](http://www.PsychotherapyTools.com)

#### Breakthrough Weight Loss and Maintenance Group

Meeting Day: Wednesday's  
 Meeting Time: 6:00- 7:30pm  
 Group Leader: Candia Smith, DMH  
 Contact Number: (925) 254-7823  
 Email: candia.smith@comcast.net

#### Consultation/ Support Group for licensed psychotherapists

Meeting Day: Bimonthly Thursdays  
 Meeting Time: 10:45am-12:15  
 Group Leader: Ann Steiner, Ph.D., MFT, CGP  
 Contact Number: (925) 962-0060  
[www.PsychotherapyTools.com](http://www.PsychotherapyTools.com)

#### Men's Group

Meeting Day: Monday's  
 Meeting Time: 7:30 -9:00pm  
 Group Leader: Bruce H. Feingold, Ph.D.  
 Contact Number: (925) 945-1315

#### Therapy group for psychotherapists (ages 28–60)

Meeting Day: Thursdays  
 Meeting Time: 9:00am-10:30  
 Group Leader: Ann Steiner, Ph.D., MFT, CGP  
 Contact Number: (925) 962-0060  
[www.PsychotherapyTools.com](http://www.PsychotherapyTools.com)

Meeting Day: Wednesday's  
 Meeting Time: 6:00-7:30 pm  
 Group Leader: Bruce H. Feingold, Ph.D.  
 Contact Number: (925) 945-1315

#### Mindfulness-Based Stress Reduction Class

Group Leader: Susan O'Grady, Ph.D.  
 Contact Number: 925-938-6786

#### Dialectical Behavior Therapy Group (ages 19+)

Meeting Day: Tuesday  
 Meeting Time: 5:30-7 PM  
 Group Leaders: Elizabeth Rauch Leftik, Psy.D.  
 Sarah E. Wood, Ph.D.  
 Contact Numbers: Dr. Rauch (415) 531-7638  
 Dr. Wood (925) 680-1844

#### Women in Sobriety

Meeting Day: Wednesday's  
 Group Leader: Sara E. Fisher, Ph.D.  
 Contact Number: (925) 256-8280  
 Email: saraefisherphd.com

#### Dialectical Behavior Therapy Group (ages 13–18)

Meeting Day: Tuesdays  
 Meeting Time: 3:30 – 5:00 PM  
 Group Leaders: Elizabeth Rauch Leftik, Psy.D.  
 Sarah E. Wood, Ph.D.  
 Contact Numbers: Dr. Rauch (415) 531-7638  
 Dr. Wood (925) 680-1844

#### Over 50 Relationship Focused Process Group (ages from 50 to 65)

Meeting Day: Wednesdays  
 Meeting Time: 5:00-6:30pm  
 Group Leader: Ann Steiner, Ph.D., MFT, CGP  
 Contact Number: (925) 962-0060  
[www.PsychotherapyTools.com](http://www.PsychotherapyTools.com)



# CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



## 2012 Winter Newsletter

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### Contra Costa Psychological Association Annual Membership Renewal



The end of the year is upon us. Time to renew your memberships in a host of associations you belong to. We are so happy that you count us among them. In these economic times it is so important to keep our connections to each other and support the profession. There are so many unknowns and so many opportunities for connection.

We continue to work to provide for the needs of our members through our collegial, friendly and supportive networking community. This past year, in addition to our Quarterly Dinner meetings, we held our usual social events:

- The Annual Holiday Party (December)
- The Annual BBQ (September)
- First Friday social networking, a monthly get-together at Scott's in Walnut Creek. Please think about joining us and having a great way to wind down from the week to kibitz and schmooze with your colleagues on the first Friday of every month. It is a great way to get to learn about the resources in the area and to let others know about yours.

We had great turnouts for the events and hope more of you will join us in the future.

We are always thinking of ways to increase the value of CCPA for our members. Two new opportunities for connection and growth are getting under way:

**Early Career Psychologists** - Under the guidance of Dr. Candia Smith, seasoned psychologists will meet with early career psychologists to mentor them through getting their practices under way. The 2nd Friday of the month at 5pm.

**Networking Meeting** - Dr. Karyn Goldberg-Boltz has organized a meeting for members to discuss many aspects of our work together and to create a supportive and discuss the various issues facing us. The 3rd Friday of each month.

**Check the listserve and the newsletter for more information about both.**

#### MEMBER BENEFITS

You can keep on top of the Continuing Education events through the CCPA listserve as well as at our website: [www.cocopsych.org](http://www.cocopsych.org).

CCPA provides access to information about colleagues and the latest thinking and treatment advances in an interesting and challenging environment through our Newsletter.



# CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



## 2012 Winter Newsletter

The CCPA listserv makes it possible to:

- Be in easy contact with your colleagues
- Seek information and referrals to better serve your clients
- Let others know what your area of expertise is
- Keep up on the latest legislative actions affecting psychologists
- Find or offer office space
- Other ideas you may have that we haven't thought of yet

**For those of you who have psychological assistants, we hope you encourage (or perhaps require?) them to become members of CCPA. The association provides an excellent opportunity for them to meet and network with established members in their field. What better way to let others know they are in practice and taking referrals in their particular area of expertise. I'm happy to talk with you more about this as we are well aware that bringing new psychologists is important to maintaining the lifeblood of the Association.**

**This year we have reduced the Student fee from \$50 to \$20. We are hoping this will make it easier for students to find CCPA a place they can afford. We are working on establishing programs for them that will help them get a head start on the work they have chosen.**

Most importantly, we want to thank the membership for continuing to support CCPA. It would be much more difficult to offer the services that you have come to expect, without it. As an organization, we are trying to add value by exploring ways to bring in new members, experts able to speak on a variety of cutting edge topics and to set up functions designed to meet the dynamic needs and interests of the membership. Thank you all for continuing to be members of CCPA and helping to make it the successful Association it is today.

### HOW TO RENEW

There are a number of options for renewing your memberships:

1. Renewing through the US mail:

You may send in your check without including a Renewal Application unless there are changes to your information such as your address, email address, etc.). If there are any changes that we need to make to our records, please use the Renewal Application included in this mailing

Please send your checks to:

Dr. Shendl Tuchman, 2 Crow Canyon Court, Suite 200, San Ramon, CA 94583

2. To renew from the website, go to [www.cocopsych.org](http://www.cocopsych.org)

- Log in through the Members Corner. (Instructions to get into the Members' Corner are below)
- Click on Renew Membership



# CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



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- Review the online renewal application. If there are any changes, make the corrections and click on the Submit button. You may download a Word document or open an Adobe Acrobat file to print, fill out and mail it.
  - You may send a check or use PayPal to make your payment
3. You may use PayPal to pay your dues without doing it from our website if you have your own PayPal account and provide the CCPA payment email address:
- Log in to your PayPal account at [www.paypal.com](http://www.paypal.com)
  - Select "Send Money"
  - Enter the CCPA payment email address ([ccpapaypal@yahoo.com](mailto:ccpapaypal@yahoo.com)) and the amount to be paid
  - Select "Services/Other" under "Send Money for", and click Continue
  - Choose a funding source and click "Send Money"

To get into the Members Corner, please do the following:

- Click on CCPA Members' Corner at the bottom of the left side column. You will be asked for a User ID and Password
- If you do not know what your User ID or Password are, follow these directions:
- Click on Forgotten User ID just below and to the right of the fields asking for this information
- You will be asked for your email address, please type it in and click on Send User ID
- Your User ID will be sent to you via email in a few minutes
- Click on Forgotten Password just below and to the right of the fields asking for this information
- You will be asked for your email address again, please type it in and click on Send Password
- Your Password will be sent to you via email in a few minutes. If there is a problem, it could be because the email address you entered does not match the email address in our files.
- Once you have entered your User ID and Password, you can renew your membership.

Please contact me should you have any questions.

Shendl Tuchman  
Membership Chair  
925.201.3435 ◊





# CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



## 2012 Winter Newsletter



### Contra Costa County Psychological Association 2012 Board of Directors & Committee Chairs

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## Letter from the Editor



The CCPA newsletter is a forum for sharing information. I invite submissions about 1) groups that you offer, 2) reviews of workshops you have attended or book that you have found useful or 3) a variety of other topics relevant to the community. I also try and include an interview with a CCPA member in every edition, so if you would like to respond to a list of questions about yourself and your practice, please contact me. It is a great way to be better known within the organization.

Please consider contributing to future newsletters. The following dates are deadlines by which I must have your submission. Thank you in advance!

**April 15, 2012- Spring edition**

**July 15, 2012- Summer edition**

**October 15, 2012- Fall edition**

The following prices are in effect for advertisements:  
1/4 Page Ad \$30 1/2 Page Ad \$60 3/4 Page Ad \$100  
(Advertisement for office space is free to CCPA members)  
Email submissions by the deadline to  
sarahewoodphd@yahoo.com ♦