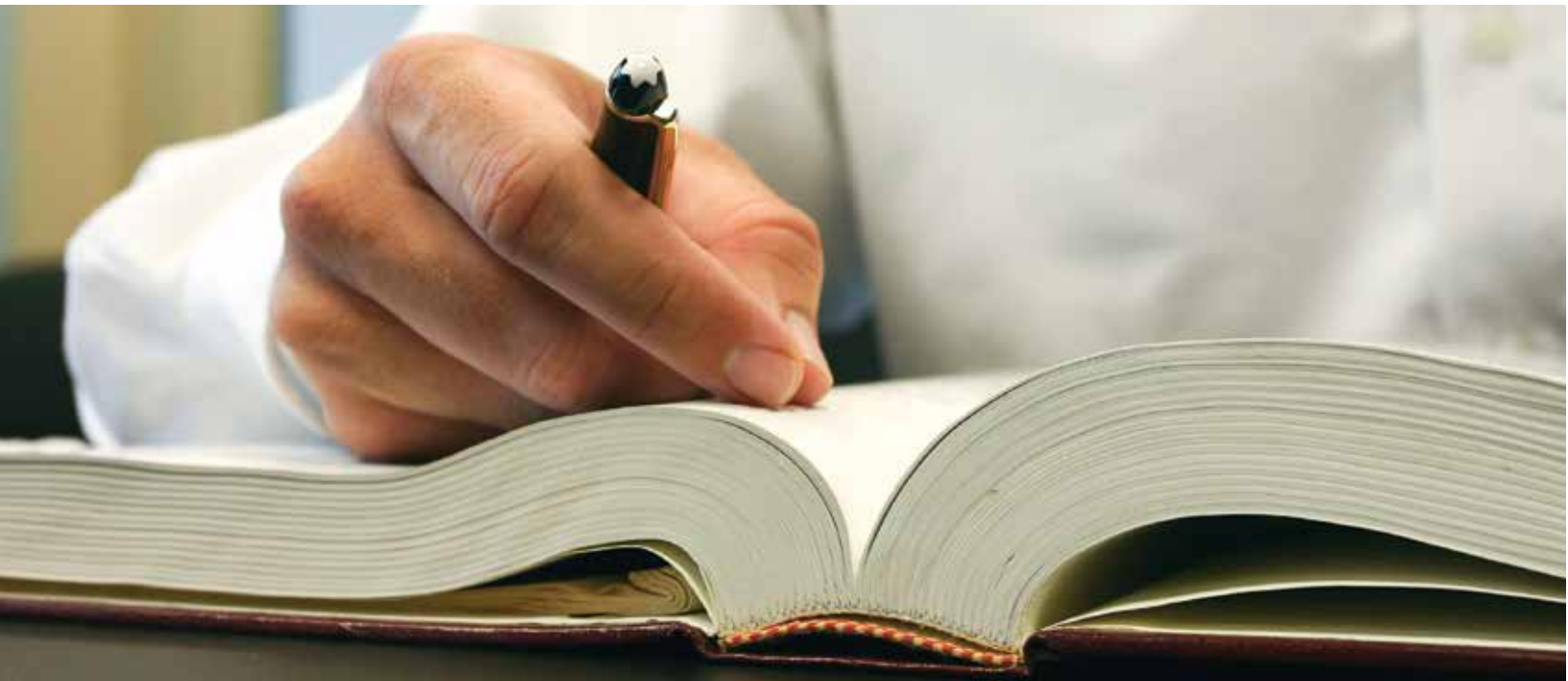




Practice Notes: The Question of Third-Party Billing

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Practice Notes is designed as an educational tool to help Ontario social workers, social service workers, employers and members of the public gain a better understanding of recurring issues dealt with by the Professional Practice department and the Complaints Committee that may affect everyday practice. The notes offer general guidance only and members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.

The various ethical responsibilities and obligations associated with private practice have been discussed in detail in previous Practice Notes,¹ as have various aspects of supervision.² Yet billing for services provided to clients by members under the supervision of another regulated professional or members' supervision of other professionals whose services are not covered by benefits providers are two areas in which members continue to seek clarification and direction. These Practice Notes address questions related to: obtaining or providing supervision; consent and confidentiality; documentation; and invoicing and receipts - all in the context of third-party billing.

THE AUTHORITY OF THE INSURER AND THE ROLE OF THE STANDARDS OF PRACTICE

Individual benefits providers/insurers determine which services they will cover, and by which professional, under the terms of the applicable benefits plans and insurance policies. They can determine, among other things, whether they will reimburse for services provided by other professionals under the supervision of a social worker or by social workers working under the supervision of a psychologist.³ This determination is not within the College's authority. Instead, the College sets minimum standards of practice for all members which address the manner in which services are provided. These standards

1 Practice Notes called "Self-Employment: Look Before You Leap" and "Private Practice: The Cost of Doing Business" can be found in the Resource Room, under College Publications, on the College website at www.ocswssw.org.

2 "Supervision: At the Core of Competent and Ethical Practice" can also be found in the Resource Room on the College website at www.ocswssw.org.

3 We are not currently aware of insurers who cover the services of social service workers under the supervision of psychologists. To date, this issue has not been raised by members in their contacts with the College.



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are designed to govern the practice of the profession in a sound and ethical manner and assist the College in fulfilling its mandate of public protection.

While some extended health benefits plans cover the services of registered social workers, many more cover those of registered psychologists as well as various other professionals. These limitations in coverage may lead members to look for alternate ways to provide services for which clients can be reimbursed. The two scenarios below illustrate some common dilemmas:

1. Staff in the Professional Practice Department received a call from a social worker who had been approached by a social service worker and a child and youth worker, both of whom were seeking supervision. The member wondered whether the College would permit him to supervise these practitioners, and whether the services offered by the supervisees would be covered under clients' benefits plans.
2. A member in private practice contacted the College to find out what should be included on the invoices and receipts that she provided to clients whom she saw under the supervision of a registered psychologist. The member said she had contracted for supervision with the psychologist so that her social work services would be covered under clients' extended health benefits and also because she believed that the supervision assisted her in providing better care. She noted that she sought supervision in relation to her entire practice, and not only for those clients who had benefits.

Both scenarios raise the common question of whether services would be covered by clients' extended health benefits. The answer to this question is that coverage may vary, depending on the benefits provider. Members should advise their clients that it is their responsibility to find out which services are covered under their plan. The scenarios

also raise issues that extend well beyond the question of coverage, however; these are addressed below.

THE NEED FOR SUPERVISION

In the first scenario, the member would be well-advised to consider factors beyond coverage by an insurer. When deciding whether to supervise the counsellors in question, the member should first consider his competence. Clinical supervision requires specialized skills which members in direct practice do not automatically possess. Although the College does not define the specific qualifications or experience required for members who provide clinical supervision, the standards of practice require members to practise within their competence and their professional scope of practice.⁴ Supervisors share responsibility for the services provided and could be held accountable for inadequate supervision should a supervisee's conduct be called into question.⁵ As well, the *Professional Misconduct Regulation, O. Reg. 384/00* made under the *Social Work and Social Service Work Act* defines as an act of professional misconduct "failing to supervise adequately a person who is under the professional responsibility of the member and who is providing a social work service or a social service work service."⁶

It would therefore be incumbent upon the member to ensure that he makes sound decisions about the amount of time and the structure required to provide adequate supervision to the counsellors in question.⁷ He would also be well-advised to assess the level of competence and training of the supervisees and the nature of their practices and caseload before embarking on the supervisory relationship.

Members in both scenarios may wish to reflect on interpretations in the standards of practice which provide guidance in the area of supervision. It is up to each member of the College to ensure that "(as) part of maintaining competence and acquiring skills in social

4 *Code of Ethics and Standards of Practice*, Second Edition, 2008, Principle II, Competence and Integrity, interpretation 2.1.1

5 National Association of Social Workers "Supervision and the Clinical Social Worker", Practice Update, Volume 3, Number 2, June 2003

6 S. 2.4, O. Reg. 384/00 (Professional Misconduct) made under the *Social Work and Social Service Work Act, 1998* www.e-laws.gov.on.ca

7 The member should also obtain suitable professional liability insurance, should he or she consider such an arrangement.



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work or social service work practice ... (they) engage in the process of self-review and evaluation of their practice and seek consultation when appropriate.”⁸ Members must also be “aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly.”⁹ In the second scenario, the member should consider whether her clients’ needs fall outside her usual area of practice. If this is the case, the standards of practice require her to inform the client of this fact, and offer to make an appropriate referral.¹⁰ If the client wishes to continue with the member, the standards require the member to “ensure(s) that the services ... she provides are competently provided by seeking additional supervision, consultation and/or education.”¹¹

In her contact with Professional Practice staff, the member in the second scenario revealed that she had contracted for supervision with the psychologist primarily because she realized that she needed to develop her skills in particular areas and required assistance in managing more complex cases. She said that she had always sought supervision in her private practice, though not always from a psychologist. The member felt that her decisions were well-supported by the standards of practice.

In both scenarios, the members indicated that they were partly motivated to consider these supervisory arrangements because they believed that their efforts would increase clients’ access to insured services. They felt that these arrangements were in clients’ best interests. While this motivation is not necessarily problematic, members should be cautious when adopting this approach. The standards require members to ensure that “within professional relationships, clients’ needs and interests remain paramount.”¹² Supervisory arrangements should be undertaken because of a genuine need on the part of supervisees for professional assistance, learning and growth in order to provide services which are in the best

interests of their clients. The ultimate goal of supervision should be to assist supervisees in providing high quality care to their clients. When the primary motivation of such arrangements is to facilitate insurance coverage, there is a risk that members’ conduct could be perceived as self-interested and financially motivated. Since clients may be more likely to access services that are covered by their benefits, there may be a perception that the members have set up the supervisory arrangements simply to market their services. Members are therefore advised to ensure that any decisions they make with respect to supervision are truly reflective of, and ultimately based on, a genuine need and desire to provide better care, and are warranted independent of any impact the arrangements may have on the availability of insurance coverage for the services being provided to clients.

OBTAINING CONSENT AND DOCUMENTING APPROPRIATELY

Once the members have assessed their motivation for seeking or providing supervision as discussed previously, they must ensure that clients are informed of the arrangement and have consented to it. The standards of practice require members to “provide clients with accurate and complete information regarding the extent, nature, and limitations of any services available to them.”¹³ This would likely include some discussion of the fact that the insurer may or may not cover their services, that the insurer may seek information concerning services provided in order to determine whether coverage is available and/or to adjudicate particular claims, and that it is the client’s responsibility to submit their own claims. Members must ensure that they “comply with any applicable privacy and other legislation ... and obtain consent to the collection, use or disclosure of client information.”¹⁴ The nature of the supervision should be discussed early in the relationship, clients should have an opportunity to ask questions or raise any concerns, and the contract

8 *Code of Ethics and Standards of Practice*, Second Edition 2008, Principle II, Competence and Integrity, interpretation 2.1.5

9 *Ibid.*, interpretation 2.1.1

10 *Ibid.*, interpretation 2.1.1

11 *Ibid.*, interpretation 2.1.1

12 *Code of Ethics and Standards of Practice*, Second Edition 2008, Principle I, Relationship with Clients, interpretation 1.6

13 *Code of Ethics and Standards of Practice*, Second Edition 2008, Principle III: Responsibility to Clients, interpretation 3.1

14 *Code of Ethics and Standards of Practice*, Second Edition 2008, Principle V: Confidentiality, interpretation 5.1



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signed by clients should be clear that the member will be sharing information about the client with the supervisor. When members are providing supervision to others, as in the first scenario, they also have a responsibility to discuss the issue of consent with their supervisees to ensure that clients have consented to the sharing of information.

Regardless of the nature of the supervisory relationship, members must ensure that they document the supervision received or provided. Both supervisors and supervisees should “keep systematic, dated, and legible records”.¹⁵ It would be expected that these records would include the dates of each supervisory session, a description of the questions and concerns addressed, any recommendations made, and any plan or follow up.

ISSUING INVOICES AND RECEIPTS

In addition to ensuring that clients are well-informed about the nature of the services provided, each party’s responsibilities and obligations, and the clients’ need to themselves clarify with their insurers any issues concerning the availability and extent of insurance coverage, members must “not charge or accept any fee which is not fully disclosed.”¹⁶ They must also “explain in advance or at the commencement of a service the basis of all charges, giving a reasonable estimate of projected fees and disbursements, (and) pointing out any uncertainties involved”.¹⁷ When providing invoices and/or receipts, members must ensure that they do not “issue or sign a certificate, report or other

document in the course of practising either profession that the member knows or ought reasonably to know is false, misleading, inaccurate or otherwise improper”.¹⁸ It should therefore be clear from the invoice or receipt who provided the direct service to the client and who provided the supervision. The names, qualifications and professional designations of each, along with the dates of service, should be clearly indicated. Ensuring that invoices or receipts are clear in these respects is critical not only for the client receiving the services, but also to ensure that they are not misleading to insurers to which claims are being made for such services. Complaints from insurers against professionals for false and misleading billing (on the basis of which claims are then made to the insurer) are common in many other regulated professions and have been received by this College in recent years.

IN CONCLUSION

This article has discussed some of the more frequently raised questions associated with third-party billing. While it is the insurer who decides whether or not a service or a provider is covered under a client’s benefits, members must ensure that their practices are sound, transparent and ethical.

For more information about this or other practice issues, please contact the Professional Practice Department at practice@ocswssw.org

¹⁵ *Code of Ethics and Standards of Practice*, Second Edition 2008, Principle IV: The Social Work and Social Service Work Record, interpretation 4.1.3

¹⁶ *Code of Ethics and Standards of Practice*, Second Edition 2008, Principle VI: Fees, interpretation 6.1

¹⁷ *Ibid.*, interpretation 6.1.1

¹⁸ *Code of Ethics and Standards of Practice*, Second Edition 2008, Principle IV: The Social Work and Social Service Work Record, interpretation 4.1.2