

Insurance Asana: A Standing Pose

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Abstract: *A shift is coming. As Yoga moves into the big-business world of hospitals and HMO insurance companies, our balance will be tested. Just as we build a strong foundation in tadasana (mountain posture) before doing more difficult balancing poses, Yoga teachers and therapists can build a strong foundation of information and communication concerning Yoga and insurance. Then we can take a stand on it.*

On October 7, 1996, an article appeared in the *Wall Street Journal* (1996:B6) under the headline “Oxford to Create Alternative-Medicine Network.” Oxford Health Plans, Inc., of Norwalk, Connecticut, is described in the article as one of the nation’s largest and most influential managed care plans. The article stated, “The big HMO is establishing a network of 1,000 holistic providers to mirror its existing network of 33,000 traditional doctors. The alternative providers are being ‘credentialed,’ like the internists and surgeons who make up Oxford’s conventional roster . . . By branching into massage and yoga, Oxford is hoping to tap into a \$50 billion market that, while increasingly popular with consumers, remains a source of deep controversy.”

Then, not quite a year later, this notice appeared in *Yoga World* (1997:21): “Finally the health industry has begun to accept the reality of complementary and alternative health care. Oxford Health Plans and Suburban Health Plan now

offer insurance coverage for Yoga therapy. This represents a major breakthrough and one can expect that other insurance companies will follow suit . . .”

Any Yoga therapist seeing these two articles would foresee a shift coming. And shifting always tests balance. If we shift the weight slightly from the left leg to the right leg, our whole spine—our breath, our *soul*—responds. We know this. It’s our job to know this. Before shifting we want to make sure our stance is solid and grounded.

Insurance Asana: A Pose to Help Us Stand

The foundation of this pose is information. We have preconceived notions about how the insurance industry works, and we take these rigid notions into the picture when we try to see ourselves as part of it. Undo those notions. Gather information.

Stand in tadasana with the feet together.

First of all, let’s look at the *Wall Street Journal* article in a little more detail. Two terms—“managed care” and “HMO”—kind of slide by us as we read on to things like “1,000 holistic providers.” What do these two terms mean? As it turns out, quite a lot.

Managed care and HMOs—Health Maintenance Organizations—were first advocated in the 1970s by Richard Nixon. In the last few years they've been pulled out and dusted off in response to Hillary Clinton's attempts to reform health care. An insurance company can incorporate managed care without being an HMO, but Oxford Health Plans is both. Managed-care HMOs are viewed as a paradigm shift in American health care delivery.

In the past, our health care delivery in America has been based largely on managing illnesses. You get sick, you go to your doctor. Payments to doctors from the insurance companies have been on a fee-for-service basis—the doctor gets paid for any tests run, surgeries performed, etc. In this way doctors have found themselves caught in a webby system that actually makes it more profitable for them (and for their hospitals) if their patients remain sick and in need of services.

At the same time, the general American public has played right into this by laying their ailing bodies on the altar of Western medicine—keep me alive and make the pain go away and I will do whatever you say and pay whatever you ask (and don't mess up or I'll sue you).

Meanwhile the government and private insurance companies have been paying out more and more money and, consequently, taking in more and more from the public. It may be debatable as to who wins in this situation, but it

is clear what has been lost.

Begin to work the quadriceps muscles, starting deep at the core of the femur bones.

HMOs do not work on a fee-for-service basis. They are contracted to manage the *health* of a certain population. Say you have a million members who pay \$400 per month for health insurance. Your HMO would have just \$400 million per month then to manage the health of that population. HMOs are typically "bottom line conscious." This is why it begins to make sense for the HMOs to look into preventative therapies, as well as to consider the relatively low cost of alternative therapies such as Yoga.

For example, I had a woman with emphysema tell me that she wanted to take my six-week Restorative Yoga Workshop (which costs \$175) but that she was going to attend a pulmonary exercise clinic at a local hospital instead because it didn't cost anything. I inquired further and found that even though it didn't cost *her* anything, it cost her insurance company \$3,000 per month.

The legs become strong. Create a firm foundation, like the base of a mountain.

The idea of managing the health of a population rather than the illness of an individual sounds good, but, as the *Wall Street Journal* article pointed out, it is

certain to be controversial. Managed care has its opponents among psychotherapists.

Dr. John Ringwald writes on behalf of the Connecticut Psychotherapists' Guild, a group of more than 70 licensed psychotherapists whose stated goal is to inform the public about the dangers of managed care and to increase the number of self-paying clients, "Our chief concern is that managed care compromises client confidentiality, creates conflicts of interest between clients and therapists, limits our ability to act as advocates for our clients, and makes it difficult to tailor therapeutic strategies to the individual circumstances" (*Common Boundary*, 1997:9).

Stretch the soles of the feet and lift the toes. Begin to work the inner thigh muscles.

Continue gathering information. Ask questions.

The article in *Yoga World* says that Oxford Health Plans offers insurance coverage for Yoga therapy. What does this mean exactly? What would it take to get "credentialed" as a Yoga therapist with Oxford Health Plans? Well, first of all, it requires a few deep breaths into the belly, a touch-tone phone, the stamina to work your way through a labyrinth of numbered options, and an appreciation of canned classical hold music.

According to telephone interviews conducted during the first week of September 1997, Oxford is actively seeking Yoga

providers in seven states—Pennsylvania, New Jersey, New York, Connecticut, New Hampshire, Illinois, and Florida. Sixty-three Yoga providers have been credentialed with Oxford, and a “Yoga advisory board” has been formed to review applications.

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manager of development and education, that “the credentialing process is very rigorous. One must have certification from an approved training program, such as Kripalu, and preferably two years of teaching experience.” The most important part of the credentialing process, I am told, is the site visit. “We want to see what is hanging on your walls. We want it clean and bright.” Kerry said there is a list of requirements that must be met at the site before it can be approved. Also, a teacher must carry liability insurance.

Let the upper body become very light, while the legs are strong and supportive.

It appears that Oxford is only credentialing Yoga teachers, not Yoga therapists. No one I spoke to at Oxford was familiar with IAYT, and they seemed to be using the terms “Yoga therapist” and “Yoga teacher” interchange-

ably. Kerry said she did not think there was much, if any, one-on-one Yoga therapy done at this point. A Yoga class equals Yoga therapy at Oxford, it seems.

So how does it work? If you are approved as a Yoga provider with Oxford Health Plans, your name is listed in a roster that is given to Oxford members along with a card they can then present to you when they come to class. This card entitles the Oxford mem-

ber to a 25–40 percent discount off the fee for your Yoga class. Very simple, no paperwork.

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Oxford has 1.8 million members. If you work in one of the states covered by Oxford, you can contact them through any local Oxford number to be put through to the person handling credentialing in your state. If you would like to share information about Yoga with Oxford’s Research and Education Department, write to 800 Connecticut Ave., Norwalk, Connecticut 06854.

Stand upright with the big toes of the right and the left foot communicating.

So, where do we stand? How will Yoga define itself in the new

American marketplace? I am told by a friend who is an HMO executive accountant that in order to “get into the pockets of insurance companies,” Yoga therapy must be able to fit into the “rational medical model” and become a recognized part of the “medical machine.” We have to “define our parameters and modalities” and set “industry standards.” This means that some organization would have to become the “watchdog” of Yoga therapists. Discussions about Yoga teacher criteria and standards are ongoing (*Yoga Journal*, Oct. 1997:21).

Listen to the breath until you can feel it flowing in both right and left nostrils.

We each have to ask the questions that perplex us and, from our most grounded and heart-centered place, sort out the answers we receive. Personally, I find the idea of increased volume and discounted Yoga classes uncentering.

This is not Wal-Mart, I’m thinking. Yoga already gives so much for so little. The money I’ve invested in the Yoga classes I’ve taken over the years has been the best investment I’ve ever made. Always I had to make a choice—Yoga or new clothes or some other thing I could have chosen to spend my money on. I chose Yoga, sometimes traveling great distances to find a class. If there was a time when I couldn’t pay the price the teacher asked, I was allowed to trade some-

thing—work, or art, or food. This is true for my students now as well. The self-paying students I get now are highly motivated, which is what it takes to get the purest benefits of Yoga. This may be an old-fashioned view that I will need to release as Yoga becomes more popular in America, or it may be a thing that I will decide to stand on.

Breathe.

American health care is broken on the wheel that Yoga fixes. Yoga has helped Americans regain personal responsibility for health and well-being. It has given us tools for lifestyle changes. We know how to listen to and learn from our psychic and physical pain rather than mask it with pain-killing drugs. We've learned to make our bodies our teachers. We're less fearful of death, less willing to be kept alive at any cost. We're more in touch with the natural karmic process of birth and death. We've learned to breathe and relax.

Physicians who practice Yoga are no longer willing to treat the body separately from the heart/mind/soul. How do you put a price on all of this, let alone discount it?

Allow the arms to rise effortlessly from the joints of the shoulders until you can embrace a tree. Take five deep belly breaths.

We think about and talk about fitting into the medical model. It is satisfying to see Yoga presented in the starkly beautiful terms of Western science—the tables and charts of research studies. Yoga can, has, and will be presented in terms that hospitals will buy. But Yoga doesn't have to prove itself. The science of Yoga is a tree with roots five thousand years deep.

Draw the lower corners of the scapula and then the sacroiliac joints down toward the ground. Now bring the palms of the hands together and place the thumbs against the sternum.

As for the criteria for Yoga teachers, Zen Master Joshu Sasaki Roshi says that until you have meditated for ten years you don't even know the subject of the conversation. What makes Yoga not just stretching, not just breath-

ing, and not just exercise is its roots—its ancient lineage of wise teachers.

At the core of all our talk about standards of the industry and teacher training criteria, we need to keep asking the question the old Zen Masters ask anyone they meet on the dharma path: "Where do you come from?" which means "Who is your teacher?" Or, simply, "Where do you stand?"

Gassho.

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