

## **What insurance do you have?**

### **Closed System Managed Care –**

**Fee for service or open system managed care** – A portion of the fees will be covered under these two types of insurance plans. The key is how much of the fee. Below are the questions to ask your provider.

#### **1. What are my benefits for a Licensed Clinical Social Worker?**

At this point the insurance representative may state “(a certain percent) of *usual and customary*”

#### **2. What is usual and customary for the Livingston County Michigan?**

You may have to pressure them for this amount because for reasons unknown they like to keep it a secret until after you have submitted your claim. The key here is to tell them you need to know exactly what will be covered before starting work. You have a legal right to know this fee.

**Remember, after speaking with your insurance company you should have a specific figure on what they will reimburse.**

### **Managed Care:**

#### **Accepting managed care reimbursement for Mental Health service.**

If you are a member of an HMO or PPO that provides reimbursement for mental health counseling, please read the enclosed before making your choice regarding accessing those benefits. The reasons stated are designed to educate and inform. We are affiliated with some panels.

#### **Reason #1: Lack of confidentiality**

All managed care plans (MCP's) involve direct clinical management by the plan's case managers. If you access therapy through your MCP, it makes it necessary for your therapist to disclose anything and everything related to your case to your MCP.

This information is used by the MCP for determining benefits, which they allocate at their own discretion. This impacts your right of confidentiality, and it is possible that your information will be stored in a computer system which could be accessed by anyone.

The FBI and law enforcement officials can access your insurance information at any time. This information could be used to your disadvantage should a legal problem arise.

Furthermore, this lack of confidentiality could impact your minor children even more negatively. Should they ever desire to apply for certain jobs or educational programs, such as law enforcement or the military, the information in their insurance files could be used against them.

#### **Reason #2: Difficulty getting treatment authorized**

Due to the direct care management by MCP's and their desire to keep costs to a minimum, getting therapy sessions authorized often becomes cumbersome and time consuming. Every plan has different requirements and standards for authorizations. Usually they require many hours a week of paperwork and phone calls by the therapist in order to get authorizations. Some will deny therapy in lieu of taking prescription medications.

MCP's allow a certain number of treatment sessions per year for each plan. Let's assume your MCP allows up to 20 sessions per year of outpatient psychotherapy. This does not mean you can automatically access your benefits. Often you first have to be referred by a primary care physician member of the MCP. Then you may have to go through a phone interview with an MCP case manager. Then you may have to go contact several plan providers to find one who is accepting new clients, who has a convenient location, or who has expertise in your issues. Once you have found a provider, there may be a long wait for an appointment due to pre-authorization requirements. Then you are often given only one to three sessions to start (50 minutes per week — though you may feel you need more), as an assessment. Then you may need to wait for more visits to be authorized — often weeks of phone calls and paperwork flow back and

forth between your provider and the MCP. Then the MCP may only authorize three sessions at a time with this continual waiting period in between. This causes your treatment to be inconsistent, broken up, and can cause you more anxiety not knowing if you will in fact get your benefits authorized at all. Some clients give up on their treatment due to these frustrations.

Furthermore, some MCP's want to control the treatment plan. Some will even dictate the specific treatment plan, which is often very subjective and may even be anti-therapeutic. Some plans will determine when it is time to terminate treatment, even when the client continues to be in distress, or their problem has not been sufficiently resolved.

### **Reason #3: Mis-diagnosing and/or over diagnosing in order to get treatment authorized**

Some MCP's will not cover treatment unless it is a "medical necessity." This may mean the client has to "pretend" they are "sick," or worse off than they are, in order to receive their benefits.

Most MCP's do not cover marriage counseling, family counseling, or adjustment counseling, unless they are part of the treatment plan for a serious mental disorder or drug/alcohol problem.

This situation puts both the therapist and client in a negative situation. Often the "assessment" sessions that are initially authorized are not sufficient to give an accurate diagnosis, yet the MCP will not authorize more visits without one. The therapist may be inclined to "make up" or "guess at" a diagnosis, which is not in the best interest of the client.

Most importantly, you, the client should not be given a mental illness diagnosis that is not correct, or is more serious than what is true, simply to get treatment paid by the MCP.

**Sliding fees are available as an alternative to using your HMO/PPO.**

## **Business Fees and Programs**

### **Health and Wellness Packages:**

#### **Package A**

This package includes three wellness presentations of 90 minutes each. It is cafeteria style design so that the business owner is able to choose the topics that best suit his organization. Examples of topics for the presentations include:

Workplace stress.

Understanding stress and managing the tensions of daily life.

Communication skills.

Conflict Management.

Behavioral Management tools and techniques for health and wellness; stop smoking, weight reduction, anxiety management, sleep problems.

#### **Package B**

Mental Health Sets: These programs are designed for small business needs.

Examples:

A business contracts for Mental Health services for their employee's. A package might look like the following:

20 employees: each offered 5 sessions a year for whatever is needed- individual, family, or marital treatment. Cost is \$7000.00 annually to

the employer. The employer might want to defray a portion of the cost to the employee so that for each session used the employee pays \$10.00. This reduces the employer's fee by \$1000.00. This is paid back to the employer at the end of the year.

The Sets are specific to an organization and their individual needs.

**These are simply examples of how a package might link to an organizations specific need. We will do an assessment and present a plan for your consideration.**

**CONTACT US TO SCHEDULE A CONSULTATION**