

# Managing Patient Mental Health Care – Let’s Do It Better This Time

## [A guide to health insurance with essential mental health benefits for children, adolescents, and adults.](#)

As patients, families, and employers prepare for healthcare plan renewal, as well as the healthcare exchange marketplace to begin later this year, they will be offered a bewildering number of choices: in-state and out of state insurance companies which may offer different plan levels, such as bronze, silver, gold, and platinum, with different levels of coverage, copays, and deductibles. All plans are supposed to meet minimum state standards to qualify for the exchange marketplace. However, **the plan with the lowest premium may not be your best choice.**

**Last time, lest mental health professionals or patients forget:** There was the first implementation of managed mental health care in the late ‘80’s onward which caused marked cutbacks in access to care by:

- promising to hold down patient premiums by aggressively managing care and professional providers, but which ultimately led to decreased access to appropriate psychiatric and mental health services;
- limiting access to higher levels of psychiatric care, with marked shortening of stays;
- limiting outpatient psychiatric and mental health visits, often requiring verbal contact with a managed care representative (later displaced by fax contact) in order to justify each few outpatient visits;
- limited or no reimbursement for necessary adjunctive services, such as collaborative care discussions, hospital or therapy referrals, arranging for in-home, in-school, or community services;
- lowering reimbursement schedules, despite labor-intensive service delivery;
- frequently rejecting claims, higher copays and deductibles, often placing effective medications and services out of reach; and
- limiting out-of-network benefits to limit access to care except through the available plans, forcing many patients and professionals into unfair and abusive contract arrangements with no alternatives or recourse.

## [What patients, employers, and mental health professionals can do together when you are considering an insurance renewal, or when you are offered to choose from the health insurance exchange marketplace:](#)

- Share this sheet with your employer or human resources officer to consider at your place of employment.
- Review the plan(s) you are considering with your mental health professional or agency.
- Check your mental health and substance abuse benefits, making sure they are subject to similar copays and deductibles as the plan’s medical benefit.
- Does the plan have a good reputation? Search for any complaints or class action lawsuits against the company.
- Ask to see their list of professional providers who participate. Are there enough professionals on their list to meet your needs? Do local hospitals and labs participate with this company?
- Do they manage psychiatric and mental health benefits or psychiatric medication benefits differently than their other medical benefits?
- Remember that, if you choose an out of state insurer to cover you, be sure to ask how many other Delawareans are covered.
- Do they have excessive wait times on their 800 numbers? Ask for one and try it out.
- **Whenever possible shop first for services covered, then for a plan level above bronze, then for reputation of the insurer. Then do your price comparisons.**
- Report any unresolved problems regarding an insurer to your professional & Office of Insurance Commissioner.
- **Make sure that the plan you choose has an out-of-network mental health benefit. An out of network benefit should never be less than 50% of the in-network, participating professional rate, and seeking a company that offers between 60% and 80% out-of-network benefits would likely be more manageable for you, if this option were needed.** This is a powerful option, which says to the insurer that, if they do not treat you or your mental health professional fairly, you reserve the right to see your professional out-of-network.

**Poorly managed care: NEVER AGAIN!! Cooperatively shared care involving collaboration between you, your mental health professional, and caring insurers in the healthcare exchange marketplace: ABSOLUTELY!!** *This information is provided by The Delaware Council of Child & Adolescent Psychiatry*

\*\*Out-of-network mental health benefits are for private, personal, and employer sponsored plans.

Medicaid carriers do not offer this benefit, as Medicaid patients are prohibited by law from out-of-network payments