Insurance – What You Need to Know

Out-of-network insurance benefits: What you need to know
On the back of the insurance card, there should be a toll-free number for questions related to mental health benefit. When calling, be sure to check coverage carefully by asking the following questions:

- What or my behavioral health (mental health) benefits?
- What is my deductible and has it been met?
- How many sessions per calendar year does my plan cover?
- How much does my plan cover for an out-of-network provider after my deductible has been met?
- Is approval required from my primary care physician?

What are the negatives of using insurance

- Your insurance company may require you to meet a deductible prior to them paying for your sessions minus your co-pay. Call your insurance company to verify, so you can make an informed choice.
- In order to access your insurance benefit, the in-network therapist is required to diagnose you with a mental disorder. The record of this diagnosis can follow you for years to come and may make it more difficult to obtain insurance in the future and it can also impact job promotions. The diagnosis will also become part of your Medical Information Bureau profile. The Medical Information Bureau is the centralized clearinghouse for health insurance usage – performing essentially the same task as the credit bureaus do for your financial information.
- If you are using your insurance to pay for therapy, you should be aware that they have they right to know why you are going to therapy and what progress you are making. Your insurance company has the right to audit your therapist's files and notes and ask questions of him/her regarding your mental health issues.
- Many of the more experienced and more established therapists have removed themselves from managed care panels. This may make it difficult for someone using their insurance benefits to find a particular specialty or a certain level of experience.

How to get your insurance provider to work with an out-of-network counselor

Ask for a Single Case Insurance Agreement
Insurance providers who offer single-case contracts will review potential agreements on a case-by-case basis. It's important to note that the agreement is specific to the current episode of care and does not apply to care outside of this treatment episode.

There are two types of single case agreements. The first type of agreement is a contract between a patient and their insurance company who has agreed to treat Kaleidoscope Behavioral Health as though they are in-network. With this agreement the patient pays the full session fee at time of service and, when the patient files with their insurance, they are reimbursed at the higher in-network rate. Another type of single case agreement is a contract between a patient's insurance company and Kaleidoscope Behavioral Health, which allows that client to be treated as though he or she has in-network benefits.

Getting your Insurer to pay: What you need to know, ask and do.
When you call the insurance company, ask to speak to a manager of benefits. Ask if the insurance company is willing to do a single case agreement with Kaleidoscope Behavioral Health who specializes in _____.

If they say no, get a referral from your primary care doctor specifically for Kaleidoscope Behavioral Health and try again.

Start a notebook and keep records of all communications, letters and phone calls. Record everything—the day, date and time of call, the name of the person you spoke with, etc.

Ask for a copy of the guidelines your insurance company uses to determine the level of care (they're required to give it to you). Get the name and contact information for an individual case manager with your insurance. If the Single Case Agreement request is denied, ask the case manager for their appeals process. If denied again insist that your insurance company take full responsibility — in writing — for you or your child's life, noting that they are disagreeing with the qualified experts in the field and with the approved guidelines. Feel free to ask, "Are you willing to take responsibility for denying the care that my doctor has recommended?"

If you're not satisfied, talk to your companies Employee Assistance Program (EAP) or human resources department (HR), if you have one. If you do not have an EAP or HR department. call your insurance agent that you used to get your medical/behavioral health insurance policy.

Remember you are not asking for anything you're not entitled to. You're entitled to get the health care benefits for which you paid.

Tips for fighting for appropriate insurance coverage

- Record and document every phone call including names, dates, times, what was discussed and how you were advised. Put requests in writing if they are initially denied.
- Keep copies of everything.
- Be persistent in the appeals process. Denials can be reversed.
- Ask your employer's Human Resources expert, your insurance agent, and/or your union representative to work on your behalf. Give them powerful statistics to prove your point
- Write letters and send copies to your insurance company's CEO/President, State Attorney General, State Insurance Commissioner, US and State members of Congress, advocacy organizations, your attorney, etc. Be sure to include documentation, evidence and details.
- Get the media's attention, if appropriate.

Things you need to know about psychotherapy

- Psychotherapy is crucial to maintain good physical health.
- Psychotherapy can prevent physiological complications

When seeking a single case agreement with your insurance provider, the insurance company will want the following information:

- What is the clinical justification as to why this client needs to be considered for Single Case Agreement? Such as: Client's insurance plan has no treatment provider specializing in _____, in his or her network or in his or her geographical area.
- What certification and training does the clinician holds that others don't that would warrant coverage for a non-network provider?
- How or why was this client referred to the clinician (such as: client's primary doctor).
- What services does this client need and how are they relevant to services provided?
- What is the clinical rationalization as to why client need the above services?
- What CPT codes will be used for billing services. Kaleidoscope can provide you with this.
- What are the treatment provider's Tax ID and NPI numbers? Kaleidoscope can provide you with this.

BE TOUGH AND PERSISTENT!

When you call Kaleidoscope Behavioral Health you will be asked if you want us to file with your insurance (this added service costs $10). They will then take your insurance information and check your out-of-network benefits.

Kaleidoscope Behavioral Health accepts:

- Single Case Insurance Agreements
- Third Party Payer Agreements