Keep Your Mind and Body Healthy: Understanding Mental Health Providers, Care and Coverage

Our mental health is a vital part of our overall well-being. It affects how we think, how we feel, and how we act. That's why it's important to take our mental and emotional health as seriously as our physical well-being. If we don't get the help we need, conditions like depression, anxiety, bipolar disorder, schizophrenia, drug and alcohol abuse, and attention deficit disorder can hurt our relationships with our family and friends, our jobs and even our communities.

To make sure you're getting the care that's right for you, it's a good idea to understand the types of professionals who provide mental health services, what type of care your plan covers, and how mental health parity laws may affect your coverage.

Keep reading!

Who Provides Mental Health Care?

Mental health and substance abuse services (also known as behavioral health services) are provided by many different types of healthcare professionals in a variety of settings, from offices to hospitals. These professionals have different levels of education, experience and training. The differences can often affect the cost of services, and the type of treatments and providers your plan covers.

Some types of providers you may see are:

- **Medical Doctors:** Psychiatrists are physicians (MD or DO) who complete a four-year residency in psychiatry after four years of medical school. Psychiatrists are trained to diagnose and treat both the mental and physical aspects of mental health disorders. They provide psychotherapy and can prescribe medications. Psychiatrists may receive additional training if they choose to sub-specialize. For example, they may take an extra year or two of training to become a specialist in geriatric psychiatry, or child and adolescent psychiatry. Most psychiatrists are board certified by the American Board of Psychiatry and Neurology.

  General practitioners, neurologists, internists and family practitioners, who often encounter patients with mental health needs, also can prescribe medications for mental and behavioral health issues. They can refer patients to mental health professionals.

- **Clinical/counseling psychologists:** Psychologists have earned a doctoral degree (such as a PhD, PsyD, or EdD) in psychology. Most psychologists spend between four to six years in

graduate school. After finishing an accredited graduate training program, they must also complete a period of supervised practice and pass an examination. Psychologists can perform psychotherapy and also psychological testing. They may work in clinical settings such as hospitals or clinics; some have private practices.

- **Licensed clinical professional/mental health and substance abuse counselors (LCADCs):** Counselors hold a master's-level degree (such as MA, MS, or MEd) and provide mental health and substance abuse care. They treat a range of mental and behavioral problems and disorders. They may work in clinical settings such as community health centers and agencies, managed care organizations and health plans, and private practices.

- **Licensed clinical social workers (LCSWs):** Social workers may hold a bachelor's (BSW), master's (MSW), or a doctorate in social work (DSW or PhD). Social workers work in a variety of settings, such as schools, community organizations and hospitals, and they may work directly with clients on various social, mental, and behavioral issues.

- **Advanced Practice Registered Nurses (APRNs):** APRNs are licensed nurses who usually hold a master's degree with some additional training in mental health issues. They can diagnose conditions, prescribe medications and provide psychotherapy. They work in a variety of care settings, which can include clinics, hospitals, physician practices, and other community sites.

- **Licensed Alcohol and Drug Counselors (LADCs):** LADCs receive training specifically in assessing and treating alcohol and drug addiction-related disorders. LADCs may work in a variety of outpatient, rehabilitation and detoxification settings.

Coverage for Mental Health and Substance Abuse Care

Most large employers cover mental health and alcohol and drug abuse services under their employee group health plan. But, each plan may cover them differently. Some plans may limit coverage, for example, by allowing only 25 therapy visits each year, or 7 days of inpatient care each year.

It's important to know what your plan covers, because after you reach these limits, you may have to pay the full cost of these services. Review your plan's coverage carefully, and if you have any questions, don't hesitate to contact your plan's member services representatives for help.

What is Mental Health and Substance Abuse Parity?

The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires most plans to provide "parity" for mental health and substance abuse services. This means plans that cover mental health must offer the same level of coverage for these conditions that they do for medical conditions. That includes the members' share of costs (such as co-pays, deductibles, co-insurance and out-of-pocket expenses) and treatment limits (like the number of visits, inpatient days of coverage and how often you can get treatment). And, if a plan includes mental health services and covers out-of-network medical care, it must also cover out-of-network mental health care.

Not all plans are covered by the law. The mental health parity requirements only apply to large group health plans (covering 51 or more employees) that offer mental health coverage and are also state-funded, employer-funded, or managed-care Medicaid programs. Some states have added extra parity requirements that apply to smaller plans. If you aren't sure whether your plan is covered, check your plan description or your insurer's website, or call a member services representative.

In 2014, the health reform law will require more plans to meet parity rules, like plans in the new state health insurance exchanges that cover 50 people or less and additional Medicaid groups. Qualified plans on exchanges also must offer basic coverage for some mental health and substance abuse services. States can require plans on exchanges to cover more services in addition to the basic requirements, but states will have to pay for any extra costs that the plans may incur as a result.

How Do I Get the Care I Need?

Start With Your Health Plan

Before you get care, find out if your plan covers the services you'll need. Read your plan documents carefully, and if you have any questions, contact a member services representative. You can usually find the number on the back of your insurance ID card. You may want to ask:

- Do I need a referral from a primary care provider before I seek mental health or substance abuse treatment?
- Do I need pre-approval from the plan before I can visit a mental health and substance abuse professional or be admitted for inpatient care?
- What will I have to pay (e.g., deductible, co-pay, co-insurance) for mental health care?
- How many visits are covered? Are there limits on the type of service I can receive?
- Are there specific conditions or diagnoses that are not covered, or excluded?
    - If so, does the plan cover services for my particular diagnosis?
- What types of providers are covered? Does the plan cover short-term treatment like intensive day/partial hospitalization programs?
- Does the plan cover residential treatment (rehab)?
- Does the plan cover out-of-network mental health care?
    - How does the plan reimburse out-of-network care?
    - How much will I pay if I go out-of-network for outpatient care? Inpatient care?

If You Go Out-of-Network: Keep in mind that you may pay more for out-of-network care than for in-network care. If you decide to go out-of-network, make sure you know how much of the cost your plan will pay. You can also estimate costs at www.fairhealthconsumer.org to get an idea of how much you may owe.

If You Aren't Covered for Mental Health Care

If you are uninsured or if your plan doesn't cover mental health and substance abuse care, you will have to pay the full cost yourself. Let your provider know up front, and ask if you can negotiate the cost. You may want to ask whether you can pay for your treatment in installments. Of course, your providers don't have to accept a lower price or installment payments for their services, but it doesn't hurt to ask.

There are organizations and federal and state agencies that may be able to help you get the care you need at a lower cost, or even for free. We've listed some resources in your *Action Plan* on the next page.

In an Emergency

If you need help right away, dial **911** or the National Suicide Prevention Lifeline **(800 273-TALK)**, a free 24-hour service. The Lifeline website also has information about care. For substance abuse issues, you may call **1-(800) 662-HELP**, a federal hotline. You also may choose to contact your provider and/or go to the ER.

Your Action Plan: Put Mind Over Matter

Understanding the mental health services your plan covers, and what rules you need to follow, will help you get the care you need and avoid any surprises or treatment denials.

Know Your Coverage

- *Before you start treatment*, find out whether your plan covers mental health and substance abuse services (behavioral health services), what the limits are, and how much you may have to pay. Review your plan documents. If you have any questions, contact a member services representative at your plan. You can find the contact number on the back of your insurance ID card. Ask your plan representative the questions listed above.
- *Once you start treatment*, keep track of your visits and inpatient days so you know when you are close to reaching your plan's limits and you don't get surprised by a bill.
- If your plan does not cover mental health and substance abuse, or if you decide to go out of your network for care, estimate your costs at www.fairhealthconsumer.org to get an idea of how much you might have to pay.
- Understand your rights to mental health parity. You can learn more about mental health parity from the federal **Substance Abuse and Mental Health Services Administration (SAMHSA)** or the **Department of Labor**.
- If you have questions about how parity laws may apply to your coverage, ask your employer's human resources administrator. You also can contact the following agencies:

    - If you are covered by an employer-funded plan:
      Visit the **Department of Labor** online or call 1-866-444-3272.
      (If you are not sure whether your plan is employer-funded, ask your employer's human resources representative.)
    - If you are covered by a state, local government or church plan, contact:
      Department of Health and Human Services at 1-877-267-2323 extension 6-5511 or your state insurance commissioner.

Get the Care You Need

- To find mental health services near you:

    - Ask your primary care provider for a recommendation or referral.
    - Ask your insurance plan for a list of covered providers.
    - Call SAMHSA's treatment referral service at 1-800-662-HELP (4357) or visit the **SAMHSA Mental Health Treatment Locator**.
    - Use the **American Medical Association Doctor Finder** or contact the **American Psychiatric Association District Branch** in your state.
    - Contact your **state medical association**.
    - To find low-cost care or community services, visit the **Health Resources and Services Administration website**, or contact your **local public health department**.

More Resources

- Education and support for mental health issues
  - National Alliance on Mental Illness

- If you need help understanding your rights, or appealing a claim denial, visit the Kaiser Family Foundation's website at www.kff.org to view
  - *A Consumer Guide to Handling Disputes with Your Employer or Private Health Plan*

- Professional Associations for Mental Health and Substance Abuse Treatment Providers

  - American Psychiatric Association
  - American Psychological Association
  - Clinical Social Work Association
  - National Association of Social Workers (NASW)
  - American Psychiatric Nurses Association
  - Society of Addiction Medicine

FAIR Health does not endorse any products or services.