

NAVIGATING ACCESSING MENTAL HEALTH TREATMENT

A basic guide to understanding insurance benefits, levels of care, and finding treatment off campus.

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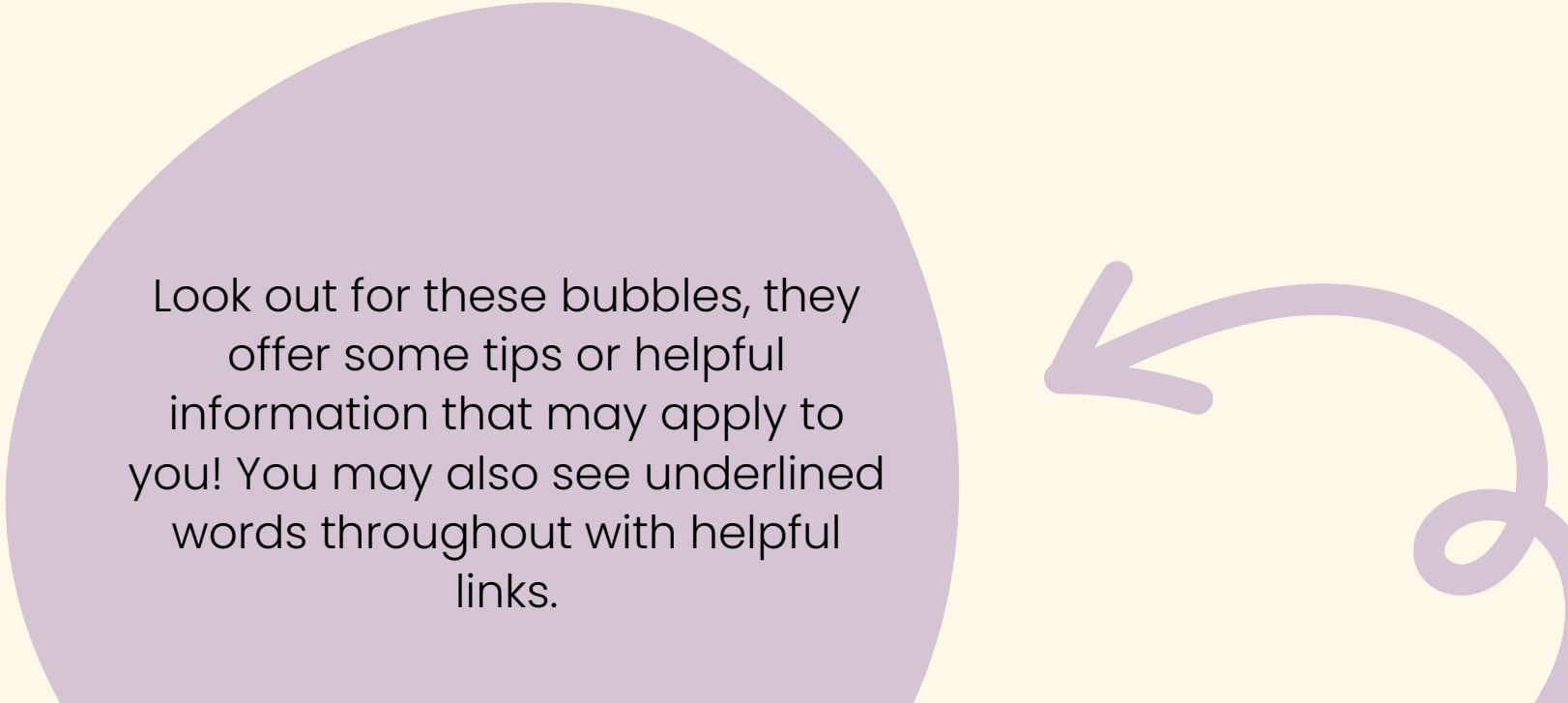
610-436-2301

HOW CAN WE HELP?

Our hope is to offer support to those who are getting ready to start their journey into mental health or substance use treatment. While we cannot capture everything, we hope you learn some basics to feel confident in starting this process.

We will go over:

- Basics about insurance coverage, including the difference between commercial insurance, Medicaid and Medicare.
- Levels of care for treatment.
- What to ask a clinician or treatment provider when you're ready to start the process.
- Directories for finding a clinician or treatment provider.



Look out for these bubbles, they offer some tips or helpful information that may apply to you! You may also see underlined words throughout with helpful links.

INSURANCE IS CONFUSING

Hopefully, we can help to get you started!
Some helpful reminders:

1

Every plan differs in coverage, it's important to check that your specific plan covers the service or provider you want to see.

2

Some plans have their own terminology. Many plans have a glossary on their website to help you understand their specific use of these terms, but we'll review the basics in the next slides.

3

When in doubt - call the member line on the back of your card. A representative should be able to assist you in understanding the details about your coverage, providers in your network, and claim status.

SOME HELPFUL TERMS FOR TYPES OF COMMERCIAL INSURANCE PLANS:

Health Maintenance Organization (HMO)

This type of health insurance plan offers a specific network of health care providers to choose from, usually with lower monthly premiums and a higher deductible. A primary care provider (PCP) is usually needed to coordinate and refer to other services.

Preferred Provider Organization (PPO)

This type of health insurance plan usually has a larger network of providers to choose from, but monthly premiums may be higher compared to an HMO or EPO plan. You usually do not need a referral from a primary care provider (PCP) to access other services.

Exclusive Provider Organization (EPO)

This type of health insurance plan offers a local network of specific health care providers to access, but they typically do not cover services outside of that network with exception of emergencies. These plans typically have lower monthly premiums, but less in network options.

MEDICAID & MEDICARE

Medicaid/Medical Assistance

This type of health insurance provides coverage for people who meet certain income guidelines, people who are pregnant, and people who meet certain disability guidelines. Medicaid usually covers services at low or no cost to qualifying individuals –but it is limited to those healthcare providers who contract with Medicaid. Medicaid must follow federal guidelines, but coverage, cost and delivery of payment (either direct from Medicaid or through use of Managed Care Organization) varies state by state. We'll get into Pennsylvania's Medicaid coverage!

Medicare

This federal health insurance program for people who are age 65 and older, or people who meet certain disability guidelines. Medicare has different "parts" that cover hospitals, medical visits and prescriptions.

Quick Tip: You can have Commercial Insurance & Medicaid coverage or Medicaid and Medicare coverage. It's important to know your coverage status because providers may need to be in network with both insurance plans !



SOME HELPFUL TERMS USED BY HEALTH INSURANCE COMPANIES

Policy Holder:

The policy holder is who the insurance plan is through, so if your coverage is through a guardian or parent's employer, they would be the policy holder. If it's through your own employer or the state, you would be the policy holder

In Network:

These are health care providers who have a contract with your insurance company. This typically means out of-pocket costs are lower for you when you stay in network.

Out of Network:

These are health care providers who do not contract with your insurance company. Some health care plans have Out of Network benefits, which may reimburse you for a percentage of the cost of service. This typically is a higher out of pocket cost for you, but provides you more choice in finding a provider.

SOME HELPFUL TERMS USED BY HEALTH INSURANCE COMPANIES

Deductible:

The amount you pay for services before your health plan begins to pay.

Out-of-Pocket Maximum:

This is a limit on the costs a person must pay for covered services. This typically differs from the deductible.

Coinsurance:

The amount of health care expense you pay typically after your deductible or out of pocket maximum is met. This is commonly a put in a percentage (example: once your deductible is met with 80% coinsurance, you would be responsible for the other 20% out of pocket).

Copay:

A specified amount that you pay out-of-pocket for a service at the time the service is rendered.

SOME HELPFUL TERMS USED BY HEALTH INSURANCE COMPANIES

Claims:

An itemized statement with billing codes submitted to your health insurance company for reimbursement for services.

Prior Authorization /Precertification:

A process which your health insurance company needs to be notified of a service for approval, prior to the service occurring. This is typically reserved for higher levels of care or evaluations and testing.

Visit Limit:

This is a term to indicate a cap on the amount of sessions you may be able to receive before your plan renews or your plan may require further information from your healthcare provider to authorize more visits. This largely does not apply to outpatient mental health visits.

SOME HELPFUL TERMS USED BY HEALTH INSURANCE COMPANIES

Carve Out:

Sometimes insurance companies will contract with a different company to manage mental health benefits. If this is the case, it is important to check that the provider is in network with the carve out company. This may be clearly stated on your card, or you may need to check your benefit information.

Health Spending Account (HSA):

These accounts are typically associated with high deductible plans. These accounts allow you to set aside funds from your paycheck for qualified health care expenses.

Flexible Spending Account (FSA):

These accounts allow you to set aside pre-tax dollars, typically directly from a paycheck, for eligible health care expenses.

PENNSYLVANIA MEDICAID

For Pennsylvania, Medicaid (Medical Assistance) recipients are assigned a Behavioral Health Managed Care Organization based on the county of their residence/permanent address. This Behavioral Health MCO will cover mental health and substance use services.

For Pennsylvania, most in-network services are located within the county of residence, with some overlap. For example, if you are a Chester County resident who is a Medicaid recipient your behavioral health benefits will most likely be through Community Care Behavioral Health Organization and most in network services will be within Chester County. More information on provider networks will be on the next slide.

Quick tip: Your Medicaid benefits only change when you change your address with the state system. If you have moved permanently, but have not changed your address - it would be beneficial to call the Behavioral Health MCO to verify your county of eligibility before looking for a provider

BEHAVIORAL HEALTH MCO BY COUNTY

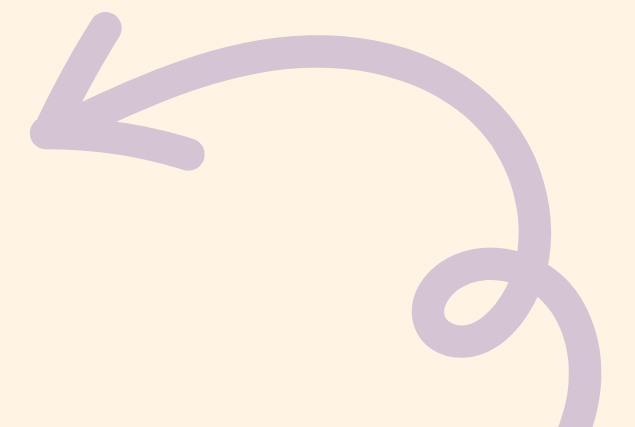
Quick tip:
You can click on the name of the managed care organization (MCO) to access their provider directory

<p style="text-align: center;"><u>CBH</u> Member Services: 888-545-2600</p>	<p style="text-align: center;">Philadelphia</p>
<p style="text-align: center;"><u>Community Care Behavioral Health Organization</u> Each individual county has a member line found on the above website.</p>	<p style="text-align: center;">Adams, Allegheny, Bedford, Bradford, Berks, Blair, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Delaware, Elk, Erie, Forest, Greene, Huntingdon, Jefferson, Juniata, Lackawanna, Luzerne, Lycoming, McKean, Mifflin, Montour, Monroe, Northumberland, Pike, Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Warren, Wayne, Wyoming, York</p>
<p style="text-align: center;"><u>Magellan</u> Each individual county has a member line found on the above website.</p>	<p style="text-align: center;">Bucks, Lehigh, Montgomery, Northampton, Cambria, Somerset</p>
<p style="text-align: center;"><u>PerformCare</u> Each individual county has a member line found on the above website.</p>	<p style="text-align: center;">Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry</p>
<p style="text-align: center;"><u>Carelon Health</u> Each individual county has a member line found on the above website.</p>	<p style="text-align: center;">Armstrong, Beaver, Butler, Crawford, Fayette, Indiana, Lawrence, Mercer, Washington, Westmoreland, Venango</p>

WANT TO LEARN MORE ABOUT MEDICAID?

- [Eligibility information in Pennsylvania: Medical Assistance \(pa.gov\)](#)
- [HealthChoices Information: HealthChoices \(default\) \(pa.gov\)](#)
- [County Assistance Office Information: CAO Contact \(pa.gov\)](#)
- [Physical Health Managed Care Organization Information: HealthChoices Plan Selection \(pa.gov\)](#)

Quick tip: Medicaid varies by state, so if you have Medicaid from another state, it's important you verify your benefits and coverage. It is unlikely that outpatient services will be covered in another state.



WHAT ARE SOME BENEFITS OF CONSIDERING A PROVIDER WHO DOES NOT ACCEPT INSURANCE?

Some clinicians may decide not to panel with insurance companies for a variety of reasons some may include:

- It can allow your private health information to be protected from insurance companies.
- It removes some "red tape" that comes with working insurance companies - meaning you and your clinician can make treatment plans and collaborative decisions about your treatment without insurance interfering.
- Not accepting insurance may allowed some clinicians more flexibility in their rates, allowing them to offer sliding scale spots.

FEELING READY TO CALL YOUR INSURANCE TO GET SOME BENEFIT INFORMATION?

Here's helpful hints to get you through that menu and to a person who can help:

Before you call, make sure you have your insurance card, date of birth, and home address of the policyholder available before calling the insurance company. They may also ask you to provide the policy holder's date of birth and employer.

Step 1: Call the Behavioral Health/Mental Health phone number that is listed on the back of the card. If this is not available, you'll call the Customer Service/Member services number:

- Select the option for members.
- When prompted, select the option for benefits (You may also be asked to say what you're calling about; if this is the case, just say "benefits") Once the computer stops giving you general information you can ask for customer service to be connected to a representative.

CONTINUED...

Step 2: Once you are speaking to a customer service representative (make sure you write down the name of the person with whom you are speaking and the date of your call).

- **Tell the person that you are looking for your outpatient mental health benefits. You may have to verify the specific type of service: ie. in office therapy visit, in office psychiatry visit.**
- **You can ask them for In-network benefits and to confirm if you have out-of-network benefits.**


Other questions that are important:

- **Is there a visit limit on the plan?**
- **Do you need to get a referral from your primary doctor in order to start therapy?**
- **Do you need authorization to start meeting with a therapist?**
- **If you have a deductible, ask if the plan runs on a calendar year or a contract year (this will tell you when your plan renews) and how much left you have until you meet your deductible.**

Step 3: Before completing your call, ask the representative for a reference number (this will help if you need to contact the insurance company later)

SOME HELPFUL INFORMATION ON DIFFERENT LEVELS OF CARE.

Quick tip: This is not a comprehensive list of all levels of care or services available, but a brief explanation of the most common referenced levels of care.



Outpatient:

Outpatient usually refers to weekly individual therapy sessions or medication management visits done in an office or over telehealth.

Group Therapy:


Group therapy can be done in conjunction with outpatient therapy. This is typically done on a weekly basis with a clinician and a small group of other participants on a specific topic. Not all insurances cover group therapy.

Intensive Outpatient (IOP):

If there is a situation where outpatient therapy is not enough support, IOP may be recommended. This is typically about three days a week, for several hours a day for a time limited period with the goal of returning to outpatient. IOP is usually done in a group setting, but they may offer individual sessions as well. Medication management may also be offered.

SOME HELPFUL INFORMATION ON DIFFERENT LEVELS OF CARE.

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Partial Hospitalization (PHP):


PHP is the next highest level of care. PHP is typically up to 5 days a week, for several hours a day in a group setting- they may also offer individual sessions and medication management. PHP is typically time limited with the goal of returning to outpatient .

Inpatient Mental Health Treatment:

Inpatient mental health treatment is typically considered if there is a safety concern which would not be appropriate for other lower levels of care. Inpatient mental health usually is on a locked unit. Length of treatment can vary, and treatment can be sought voluntarily or occur involuntarily. Inpatient mental health treatment is usually assessed through access of an ER, crisis center or some may have direct admission services. Group and individual sessions may be offered, as well as case management and medication management services.

SOME HELPFUL INFORMATION ON DIFFERENT LEVELS OF CARE.

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Substance Use Treatment:

Substance use treatment is often done in similar levels of care as mentioned in previous slides. Depending on your insurance coverage – you may need a level of care assessment prior to accessing treatment. More information on Pennsylvania's access to substance use treatment can be found here: [Department of Drug and Alcohol Programs](#).

READY TO CALL A CLINICIAN TO GET THE PROCESS STARTED?

- Make sure you have ready: your insurance information if you plan on using insurance, your availability for appointments, and a brief description of what you are seeking (this can include why you are seeking treatment, frequency of sessions you prefer, and any modalities you are interested in). Many providers offer email, website form or telephone options to get the process started.
- If you've been in therapy before, it may be helpful to try to think about things that may have been helpful for you in therapy and things that were not so helpful – this could help a clinician know if their therapeutic approach will be a good fit.
- Some clinicians offer consultation calls – this is usually a brief call to discuss what you are looking for and the clinician can discuss their approach to treatment. Depending on the setting the consultation call can be done directly with the clinician, or sometimes with another clinician or employee in the agency who handles intakes.
- Clinicians will usually provide information on their policies, this can include but is not limited to protection of your private health information, what will happen or who you can contact if you are in crisis, the process of canceling or rescheduled an appointment, and possible fees.

DIRECTORIES FOR FINDING A PROVIDER:

[Psychology Today: Health, Help, Happiness + Find a Therapist](#)

[Thriving Campus: wcupa.thrivingcampus.com](#)

[Find A Therapist Nearby, Compassionate In-Person and Online Therapy - TherapyDen](#)

[Inclusive Therapists | BIPOC LGBTQ Therapists Near Me and Online. Social Justice Oriented Mental Health Care](#)

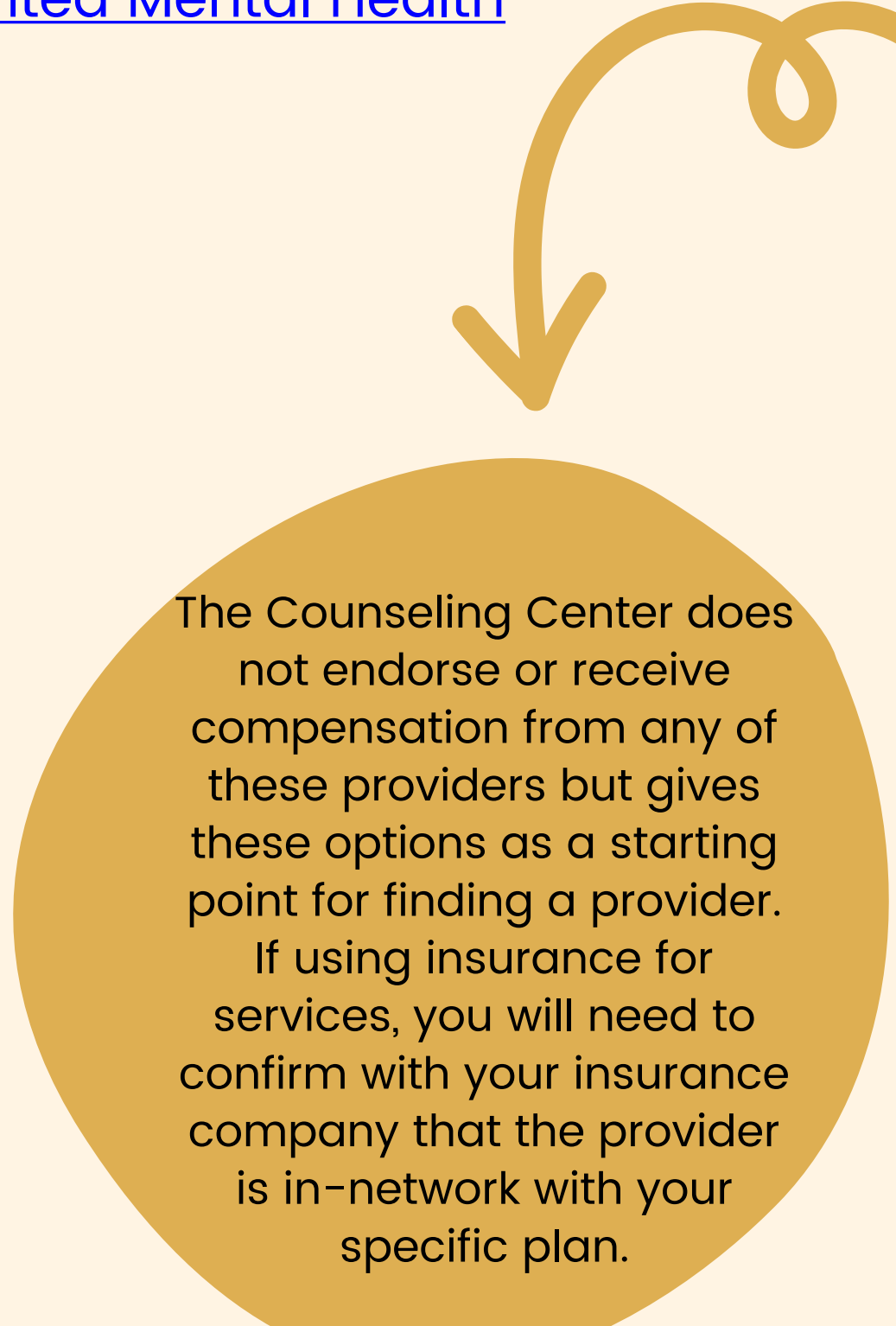
[Affordable Counseling | Affordable Therapy | Open Path Collective](#)

[Therapy For Black Girls](#)

[Home - Asian Mental Health Collective \(asianmhc.org\)](#)

[Latinx Therapy | Therapists | Speakers | Courses | Workshops](#)

[OutCare Health - LGBTQ+ Healthcare Resources & Providers](#)



The Counseling Center does not endorse or receive compensation from any of these providers but gives these options as a starting point for finding a provider. If using insurance for services, you will need to confirm with your insurance company that the provider is in-network with your specific plan.

WE GET IT, THAT WAS A LOT TO TAKE IN. STILL NEED SOME HELP?

Feel free to contact the Counseling Center at: 610-436-2301 to get in contact with the Clinical Case and Referral Specialist.