Navigating the Mental Health Insurance Maze

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What if you don't know anything about your insurance?

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What if you don't know anything about your insurance?

- Eligibility
- Deductibles, copays, co-insurance
- Authorization process

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What if you don't know anything about your insurance?

REVIEW YOUR BENEFITS ON YOUR INSURANCE PROVIDER'S PORTAL

CALL MEMBER SERVICES

EMBARK ADMISSIONS IS HAPPY TO GUIDE YOU

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What do we need to know?

- Deductible
- Co-insurance
- Co-payment
- Out-of-pocket maximum

Benefit **Breakdown**

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Deductible:
- $300.00 Calendar Year
- $ 77.40 Met Year to Date
- $222.60 Remaining Year to Date

Coinsurance:
- Client 20% / Provider 80%

Copays:
- $0.00 Per Visit
- $0.00 Per Admission

Out-of-Pocket Maximum
- $1,000.00 Calendar Year
- $ 77.40 Met Year to Date
- $922.60 Remaining Year to Date

Once the Out-of-Pocket Maximum has been met your health plan pays at 100% per calendar year.

What are the components of authorizations?

One size does not fit all

Precertification

Evaluates the patient's need ***BEFORE*** services are rendered.

Concurrent Review

Entails *ONGOING* monitoring of the patient's clinical needs to ensure positive outcomes. Authorizations are renewed intermittently at time of expiration.

Retrospective Review

Claim precedes authorization and auth request submitted with denied claim

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Medical Criteria for Different Levels of Care

Each level of care will require specific criteria to obtain authorization

RTC

- 24/7 Monitoring
- Danger to Self/Others
- Functional Deficits across multiple areas of life

PHP

- Step down from RTC
- Requires 20-30 hours of treatment weekly
- Short-term between inpatient and outpatient care

IOP

- Step down from PHP
- Requires at least 9 hours of treatment weekly
- Longer-term treatment between PHP and OP

OP

- Step down from IOP
- Requires at least 1 hour of treatment
- Mild symptoms not requiring higher level of care

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In-Network Benefits

Requires provider enter into a contractual agreement with the payor

Network consists of contracted providers

Rate negotiation

Lower cost to the families: Lower annual deductibles co-insurance and out-of-pocket maximums

Generally quicker cash flow

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Out-of-Network Benefits

Requires plan coverage for out-of-network benefits

Non-contracted providers

Usual and customary rates

Higher cost to families:

Higher annual deductibles, co-insurance and out-of-pocket maximums

Generally slower cash flow

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Single Case Agreement

Agreement between the provider and a non-contracted insurance company for one single client

Out-of-network however treated as if contracted and In-Network

Negotiated rates, possibly reduced

Less cost to the families:

Lower annual deductibles,

co-insurance and

out-of-pocket maximums

Generally quicker cash flow

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Closing the Loop

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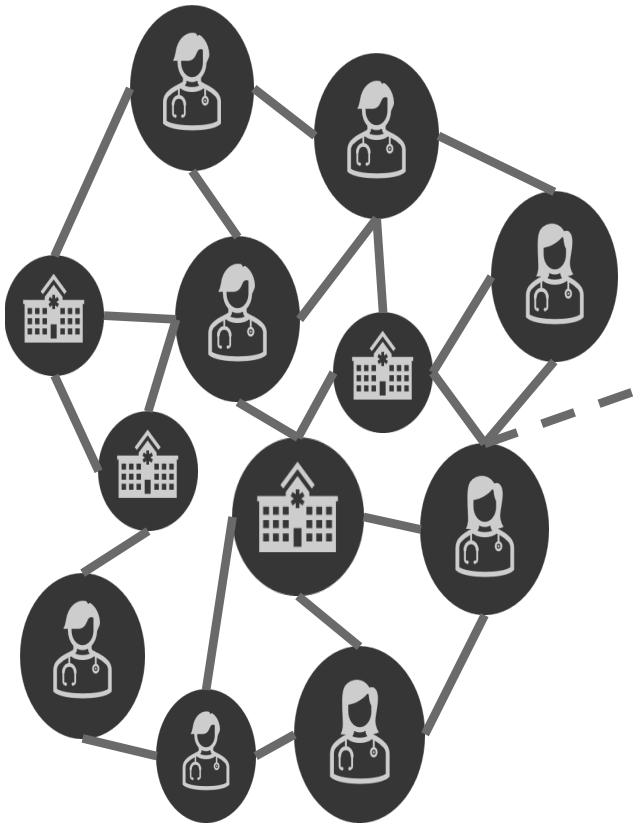
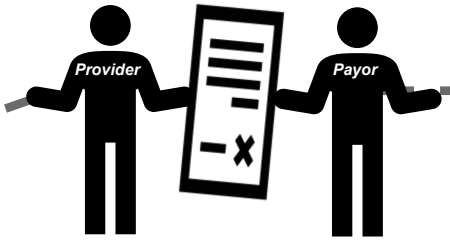
The Role of Payor Relations

Medical Providers

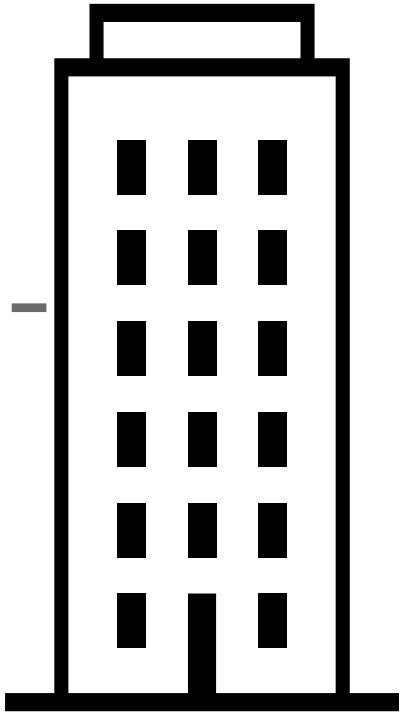


Payor Relations



- Terms
- Conditions
- Quality
- Reimbursement

Health Insurance



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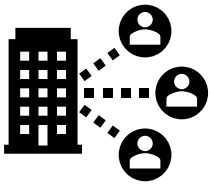
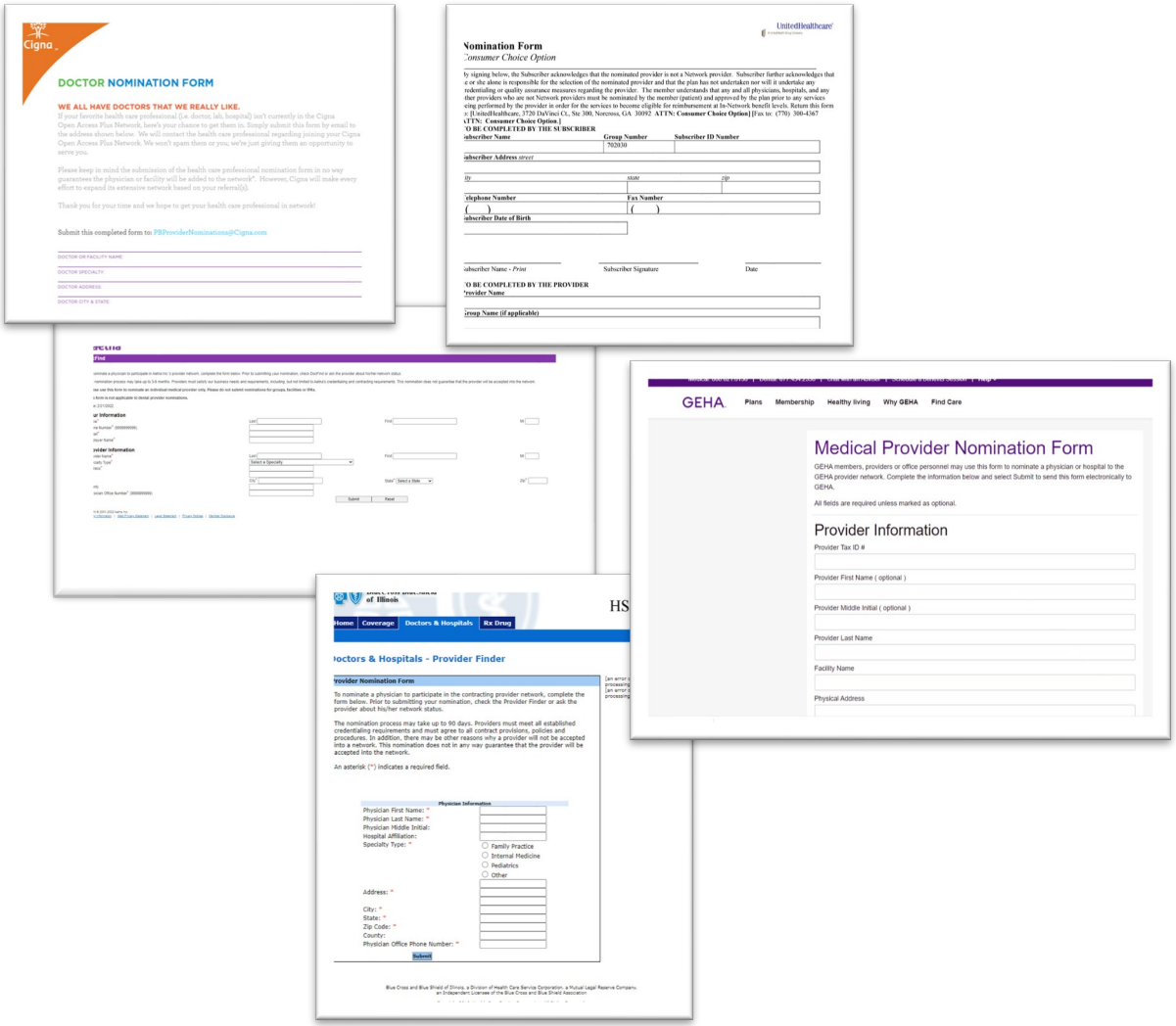
Effective Advocacy

The Consumer



Employers

Member



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