

A Word About Confidentiality

Whenever an insurance or health care service plan pays for care, that organization has a right to request information about you, which supports your need for treatment. Your health plan may – with or without your authorization – obtain information from your health care provider about your treatment to determine if, in their opinion, it is medically necessary.



The amount of information disclosed depends upon the plan and the nature of the treatment provided. As a general rule, your provider will attempt to disclose the minimum amount of information necessary to permit the processing of your mental health care claim.

Communications between a provider and patient are generally confidential and not discussed with anyone outside of the therapeutic relationship. However, in certain instances – such as reporting child abuse, elder abuse or dependent adult abuse – therapists are required by law to report abuse. A provider may also be required to report a serious and imminent threat to an individual's health and safety.

This publication has been produced by a consortium of the following mental health advocacy, consumer, provider and professional organizations:

California Association of Marriage & Family Therapists
California Coalition for Mental Health
California Hospital Association
California Psychiatric Association
California Psychological Association
Mental Health America of California
National Alliance on Mental Illness - California
National Association of Social Workers, California Chapter



For more information, call or go online:

- **Your health plan provider**
- **Department of Managed Health Care's HMO Help Center: www.hmohelp.ca.gov or 1-888-466-2219**
- **Department of Insurance Help Line Number: 1-800-927-HELP (4357) or 213-897-8921**
- **For more information, see companion brochures *Mental Health Parity, Assessing County Mental Health Services, and Speak Up For Your Rights***

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Understanding Your Mental Health Insurance Coverage



What You Need to Know About Mental Health Managed Care

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For digital versions of this and other helpful brochures, visit www.californiamentalhealth.org.

What is Managed Care?

If you are covered by some form of health care insurance, chances are that your mental health care is “managed” in some way. Managed Care is intended to reduce the cost and improve the quality of care covered by health care insurance. Access to health care, cost, and quality are controlled by defining who can provide health care services, limiting when the services are provided, and reviewing what services were provided to determine if they were medically necessary.

Medical Necessity

A medically necessary service is a service that is reasonable and necessary to diagnose and treat an illness in accordance with generally accepted medical practice. It is a way to determine if an insurer will pay for services. The specific benefits you receive will be limited by what your plan and treatment provider determine to be “medically necessary” to treat your condition.



Types of Managed Care Plans:

HMOs—Health Maintenance Organizations

HMOs generally consist of two types: closed networks (Kaiser Permanente, for example) or panels of health care providers who contract with the HMO (for example, Blue Shield of California).

PPOs—Preferred Provider Organizations

PPOs contract with health care providers who agree to offer services at a reduced rate. United Health Care is an example of a PPO. Some PPO plans offer a “point of service” option that allows you to use a provider of your choice.

Carve-out Plans or Specialized Health Care Service Plans

An employer or plan that provides physical health care coverage may contract with another plan to provide mental health services, called a “carve-out” plan. Managed Health Network (MHN) is an example of such a mental health plan that has been carved out.

Medi-Cal Managed Care

Medi-Cal is for persons who have low incomes and few assets. Some Medi-Cal plans are managed such as CalOptima. For mental health, the program is Medi-Cal Specialty Mental Health Services. Each county in California operates its own specialty Medi-Cal Mental Health Program.

Medicare

Medicare is for seniors and persons with disabilities. Many Medicare patients select an HMO or PPO for health care. An example of such a plan is Medicare Advantage.

Major Risk Medical Insurance Program (MRMIP)

MRMIP is a program for persons who are turned down by other insurance plans usually due to pre-existing conditions. Anthem Blue Cross and Kaiser Permanente are participants in this program for California.

Healthy Families Program

The Healthy Families Program provides low-cost health coverage for children in families with low and middle incomes. The Healthy Families Program may be provided through a managed care plan.

County Medical Services Program (CMSP)

CMSP provides health coverage for low income, indigent adults in 34, primarily rural, California counties.

Learn What’s Covered by Your Plan

Since every plan is different, carefully read the evidence of coverage (EOC), plan summary or policy of insurance. Then contact the plan coordinator with any questions. You may want to ask:

- Who may provide mental health services?
- How many sessions are permitted?
- How much is your co-pay per visit?
- Is there a deductible you must pay first?
- Are there other terms, conditions or limitations of coverage?



Can I Choose the Mental Health Provider I Wish to See?

If your plan is an HMO, you will be able to see only those providers with whom your plan contracts. However, some plans offer a PPO Point of Service option, which allows you to choose a health care provider who is not contracted with the plan. Since there is generally a higher cost to you with this option, only you can decide what’s right for you.