

Paying for services

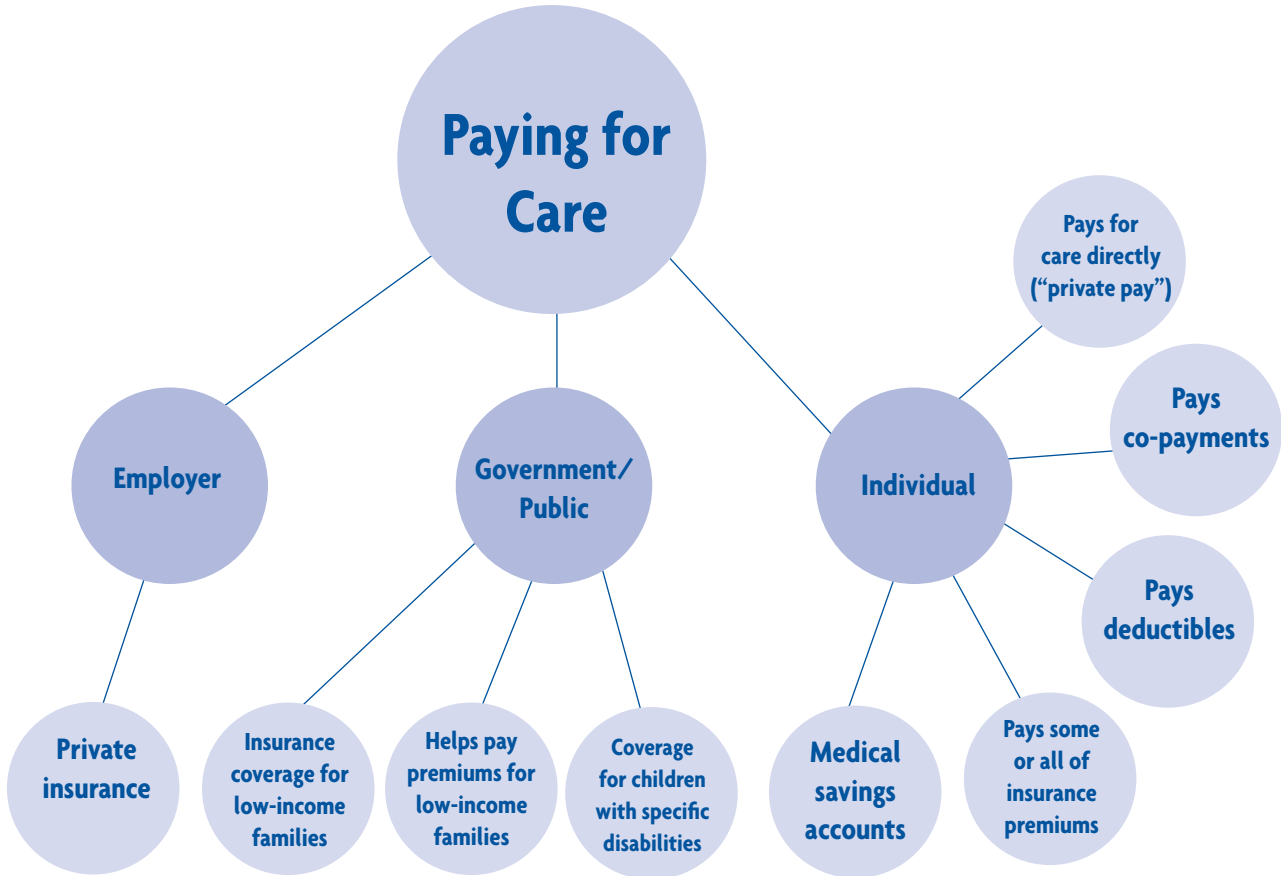
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Overview

Medical services in general—and mental health care services in particular—can be expensive. There are a variety of ways to pay for mental health care, including private health insurance plans, public health insurance programs, or your own personal funds (*please see the chart on page 54*). In many cases, you will find that you need to use two or even three of these sources to cover the cost of mental health care for your child.

For example, your employer may provide health insurance coverage but may require you to pay a portion of the monthly fee (or “premium”) charged by the insurance company. In addition, the insurance plan will probably require you to pay an additional fee (called a “co-payment”) whenever your child receives a health care service. In this case, you and your employer are sharing the costs of health care. Some public insurance programs can help you meet the costs of private employer-provided health insurance—and in that case, you would be using three different sources to cover your child’s health care costs.

Paying for Care



Advocacy Tip

Even if you have insurance, you may still have trouble getting the services your child needs. Keep written records to help with requests.

This chapter is designed to help you make smart choices about how to provide your child with the best possible mental health care in an affordable way, through a private insurance plan, a public program, or both. The chapter will help you:

- gain a general understanding of the kind of private insurance plans and public programs that are available
- consider which insurance plan or program may be right for you and your child depending on need and/or eligibility

One way or another, it is very important for you to try and get some kind of health insurance coverage for your child. Most insurance plans will help you meet the costs of mental health care services such as therapy, medication, and testing and/or evaluation. In a few cases, more intensive services like acute residential treatment (also known as CBAT: community-based acute treatment) and day treatment are also covered. (Please see page 57 for a more complete list of the kind of mental health services your child might need.) Without insurance coverage, your options may be significantly limited if you are unable to personally afford the services your child needs.

Note: If you have private insurance, emergency services for your child will always be covered. Medicaid—which must pay for any medically necessary service—will also cover emergency services.

Also please note that if your child is age 18 or older, your options may be different in terms of paying for (and managing) your child’s mental health services. For information about insurance coverage and other payment options for children who are old enough to be considered adults (and who may have “aged

Advocacy Tip

In any emergency situation, a hospital is required to evaluate your child and provide stabilizing treatment if he or she has a mental health condition, regardless of your insurance status.

Types of insurance plans and programs

out” of child services and/or dependent coverage), please see Chapter 7 of this Guide.

It is important to remember that the information provided in this chapter is just the tip of the iceberg. With any insurance plan or program, you will need to follow through on your own to get more detailed information about mental health care coverage for your child.

The chart at right describes the kind of services that may be provided to your child by mental health care professionals. All insurance plans and programs cover emergency services, but coverage of other services depends on the specific plan or program.

Some of the terms used in the chart may look unfamiliar. The Glossary in the back of this Guide explains many of these terms in more detail.

Group insurance through an employer

Most children in Massachusetts with employed parents or caretakers are covered by private health insurance. Under Massachusetts law, insurance is generally categorized as either “group” or “small-group” for the purposes of insurance regulation. Group insurance is generally less expensive but is usually only available to large groups of people, such as the employees of a medium- or large-sized employer. An individual or family cannot buy group insurance unless they are part of that group of people. In contrast, small-group insurance is available to everyone, including individuals, families, and employees of a small-sized employer. Small groups can also be formed by people who have a common profession or background, such as through a trade association,

**A list of
mental
health
services**

Emergency services

- Crisis intervention and screening
- Short-term crisis counseling
- Emergency medication management
- Crisis stabilization

**Intensive non-residential
outpatient services**

- Community services from support services to more intensive services
- Family stabilization services
- Observation / holding beds (partial hospitalization)
- Psychiatric day treatment
- Care during a transition from one level of care to another
- Substance abuse treatment

**Office-based
outpatient services**

- Diagnostic evaluation
- Individual and/or family therapy
- Group therapy
- Case consultation and/or multi-disciplinary team consultation
- Medication management
- Placement assessment
- Psychological testing
- Substance abuse assessment and services

Inpatient services

- Acute in-hospital treatment
- Short-term residential treatment
- Longer-term residential treatment

professional association, or religious organization. Most people with private health insurance have group coverage through an employer.

Group insurance plans usually fall into one of the following categories below, which are listed in order of least expensive/least choice to most expensive/most choice:

- Health Maintenance Organization (HMO) plan (where you and your child receive care from a specific network of health care providers who contract with the HMO; your primary care physician usually provides or authorizes all health care services; services from out-of-network providers generally are not covered)
- Preferred Provider Organization (PPO) plan (where your co-payments are lower if you and your child seek care from providers who are in the PPO plan's network; some PPOs require authorization for services from your primary care physician)
- Point of Service (POS) plan (where you and your child can see any provider you want at any site, and you have two types of coverage, resulting in lower costs for services from in-network providers and higher costs for services from out-of-network providers)
- Fee-for-Service or Indemnity plan (where there is no network, so you and your child can see any provider for any service, and you generally pay a relatively small fee for each office visit)

Advocacy Tip

Incomplete records are the primary factor when insurers refuse to pay for a service. Remember to keep copies of all correspondence!

Your group insurance plan may have a "deductible." A deductible is a specified amount of money that you have to pay toward health care expenses, including mental health expenses, before the insurance company will begin covering services. The amount of a deductible can vary from plan to plan; most HMO plans do not have deductibles.

Non-employer insurance options

Under the new Massachusetts health reform laws, all adults must have health insurance or they will have to pay a penalty, unless they apply for and receive an exemption due to the unaffordability of insurance relative to their income. If you need to purchase affordable private insurance for you and your family, and you do not have easy access to an insurance plan through an employer, you may want to explore the options available through the Commonwealth Health Insurance Connector—a state agency known as “the Connector.” For more information, visit www.mass.gov/connector.

Choosing a group insurance plan

As you explore your insurance options, particularly if you are able to get insurance through your employer, you might find that you have several different choices of private health insurance plans. Each plan will charge you a monthly premium, and most will require you to also pay co-payments and/or deductibles for the services your child receives. Some plans provide “better coverage” of a particular service, such as hospitalization, which means these plans pay a larger share of the costs of that service or pay for more days of treatment. Others may limit your choice of health care providers for your child (as discussed in the next chapter).

When choosing a plan, you will want to find the one that best fits your child’s health needs. Be sure to learn the following details about the plan:

- which mental health and medical health services are covered
- whether your choice of providers is limited

- what your out-of-pocket costs are likely to be for your child's services
- whether you can change to a different plan easily if you need to

There are several ways to learn about these details. You can:

- review the plan's written summary of benefits, which will explain what services are covered and what providers you can use
- contact the plan's customer service department
- discuss the plan with a staff member from your employer's human resources office
- talk to the provider(s) you prefer to find out which plans they participate in and/or which plans they think are better

Insurance through a public program

Public insurance programs can provide assistance if you are unable to get private insurance through an employer or if you are unable to afford the employer-provided health insurance on your own. In order to receive assistance from a public program, you and/or your family must meet the specific eligibility requirements of that program.

Advocacy Tip

A mental health care advocate can help you sort out insurance details, select a plan, or locate an agency that will work with your child. See the Resource list at the back of this Guide.

Some public programs can serve as a supplement to private insurance, which means you have more than one way to cover your child's costs.

A program like MassHealth CommonHealth in Massachusetts can provide health benefits to families who have a disabled child. CommonHealth can serve as a backup (or "wrap-around") insurer if your private insurance doesn't pay for all needed mental health services.

Most children in Massachusetts are enrolled in a "managed care" plan, which may be a Primary Care Clinician (PCC) plan or a Managed Care Organization (MCO) plan.

Applying for a public insurance program

To apply for most public insurance programs in Massachusetts, you will need to fill out a Medical Benefit Request (MBR) form. The majority of the programs that apply to children are MassHealth plans. To participate in MassHealth, your child must qualify for assistance based on your family's income or on your child's disability. In Massachusetts, one out of every four children are covered by MassHealth.

Advocacy Tip

When filling out a complicated form seeking assistance, getting someone to help you fill it out is much better than leaving some sections blank. Incomplete forms can cause delays.

The MBR form can be downloaded from the MassHealth website and is also available by calling a MassHealth Enrollment Center.

Many health care providers and community organizations have the forms and might help you fill out and submit your MBR form. A health care advocate can help, too. The state also encourages people to submit applications online.

If you are denied eligibility for a public insurance program, you can appeal the decision. See Chapter 4 of this Guide for more details.

When to define a child as “disabled”

The words “disabled” and “disability” may sound very negative to you. In fact, your child may not appear disabled and/or may not be disabled in your opinion. It is possible that he or she will nevertheless meet the standards for “disabled” as described by the laws that govern public health care programs in Massachusetts. Note that your child's eligibility is based on his or her mental health disability or any other kind of disability (regardless of his or her mental health).

You may have concerns about your child being labeled “disabled.” However, be sure to keep in mind that your child may fit the legal definition of “disabled” and may therefore be eligible for special services. As information about disabilities becomes more widespread, more people with temporary or permanent disabilities are gaining recognition and learning about their rights.

After you have sent in your MassHealth MBR form (described above), the question of whether or not your child has a disability will be decided by MassHealth. All of the medical and non-medical information that you send will be reviewed.

Types of public programs

After you send in your MBR form, it will be reviewed to see if you and your child are eligible for a MassHealth plan based on your family’s income or on your child’s disability.

Each MassHealth plan has its own eligibility rules. If you are eligible for one of these plans, the MassHealth administrators will place you in the plan that will give you and your family the most benefits based on the information you have provided. You will receive notification telling you which plan you and your child are eligible for, and how much of a premium (if any) you will pay. Once you have enrolled in a MassHealth plan, you and/or your child will receive a MassHealth card. If you are paying a premium, you will be billed monthly.

Advocacy Tip

If you can’t afford private health insurance but you think you don’t qualify for a public program, don’t give up! Eligibility is complicated, and your family may be eligible in ways you haven’t considered.

If you and your child qualify for a MassHealth plan, the plan will either pay your health care providers directly or will pay part or all of your insurance premiums (if you have or can get private insurance). If you and your family are not eligible for a MassHealth plan, your MBR form will then be reviewed by the Office of Medicaid to determine if your child is eligible for services under the Children’s Medical Security Plan (CMSP).

MassHealth is broken down into several different types of health insurance plans. The MassHealth plans and other public programs that children are eligible for are described below.

MassHealth Standard

This plan offers the most comprehensive set of MassHealth benefits, including inpatient and outpatient hospital services, medical services, and mental health and substance abuse services. It is available as a PCC plan or an MCO plan. A child in a low-income family may qualify for this plan if he or she meets any one of the following conditions:

- is under the age of 19
- is in foster care
- is receiving Supplemental Security Income (SSI) due to a disability
- is a disabled adult child, at least age 18, who was formerly receiving SSI

Advocacy Tip

It’s important to remember that if your child has any private insurance coverage, that insurance must be used before MassHealth coverage is used.

Advocacy Tip

Be sure to check with your child’s doctors to make sure they are MassHealth providers. MassHealth only pays health care providers who participate in the program.

MassHealth Family Assistance

This plan covers low-income families whose level of income makes them ineligible for the MassHealth Standard plan. There is no disability requirement for this plan. Instead, your child may qualify for this plan in one of two ways:

- If you are unable to get insurance from your employer, MassHealth Family Assistance provides direct benefit coverage for your child. You may be required to join a managed care plan.
- If you are paying private health insurance premiums to an employer-sponsored plan, Family Assistance will help pay for part of those premiums and will also pay some co-payments and deductibles for your child's well-baby and well-child visits.

MassHealth CommonHealth

If your child is under the age of 19 and has a disability, and if your family income is high enough to make you ineligible for MassHealth Standard, your child may be able to enroll in this plan. There is no upper income limit for CommonHealth. People enrolled in CommonHealth pay a relatively low monthly premium for services, and the premium is calculated on a sliding scale according to your income and the size of your family. This plan's benefits are similar to the benefits you and your child would receive under MassHealth Standard.

Advocacy Tip

In the CommonHealth application process, you will receive a standard denial notice for all members of your family based on income. Only the second notice—the CommonHealth Decision Notice—applies to your child who may be disabled.

The Children's Medical Security Plan (CMSP)

Any child age 19 or younger who lives in Massachusetts is eligible for coverage under the Children's Medical Security Plan (CMSP) if he or she is currently uninsured for primary or preventive health care and is not eligible for MassHealth primary or preventive health care coverage. There are no citizenship rules for this program.

Each family with CMSP coverage pays a monthly health insurance premium that is based on the family's size and household income. No premiums are charged if your family is low-income. For each visit to a provider, you will also pay a co-payment of less than \$10.00, depending on your family's size and income. No co-payments are required for preventive and diagnostic services. Mental health care services covered by CMSP include outpatient services (up to 20 visits per year), substance abuse services, and medication. There is a very small prescription benefit per child per year.

Medical Security Plan (MSP)

This plan is available to low-income individuals and families who meet income eligibility guidelines, are Massachusetts residents, and are eligible for and receiving unemployment insurance benefits. When the Division of Unemployment Assistance (DUA) sends out an unemployment benefits package, this mailing will include information about MSP.

MSP offers two health insurance options. One option is that it can help you pay private health insurance premiums if you are continuing to receive health insurance benefits under the Consolidated Omnibus Budget Reconciliation Act

Advocacy Tip

Be careful not to downplay your child's condition when explaining it in person or describing it on a form. Being open about his or her worst days is a better way to get the services your child needs.

(COBRA) after a job loss. The other option is that it can cover health care costs for you and your child directly by providing a series of benefits for you and your family.

If you have received a DUA mailing about unemployment benefits, be sure not to overlook the MSP information and application. Because MSP options are only available while you are receiving unemployment insurance (UI) benefits, you should apply for MSP immediately. If you are initially denied UI benefits but the decision is then reversed, be sure to apply for MSP at that point. Note that the MSP benefits will be retroactive to the date when your initial application was received—which means you can recover any out-of-pocket medical costs that would have been covered by MSP if you had not been wrongfully denied UI benefits.

Additional assistance

Paying for a child's mental health services can often place an extra burden on the family's financial situation. The programs listed below can help ease that burden. Your child may be eligible for one or more of these programs:

- Supplemental Security Income (SSI) due to a disability
- Emergency Aid to Elders, Disabled & Children (EAEDC), which is administered by the Division of Transitional Assistance and covers children who live with someone who is not a relative
- Temporary Assistance for Needy Families (TANF), a short-term program that covers children who live with a relative
- Food stamps

Advocacy Tip

Always take extra care when reading or trying to interpret any notice from a public or private agency. If something isn't clear to you, get some help to be sure you understand the notice!

**Summary
and things to
remember**

This chapter is designed to provide you with some very basic information about the ways you can pay for (or get help paying for) your child's mental health care services with an insurance plan or program. Insurance plans and programs—whether they are offered through a private insurer or through the state—are complicated, and you may find that it is challenging to get all of the services your child needs.

In fact, most people at one time or another find themselves trying to deal with an insurance plan or program—private or public—that does not cover or refuses to pay for the mental health services a child needs. Chapter 4 will explore insurance in greater depth, to explain how most insurance companies go about providing mental health services and how to appeal an insurance company's denial of coverage for those services.

The most helpful thing you can do for you and your child whenever you become a member of an insurance plan or program is this: Get as much information as you can about your plan, including information about the services it covers, how it handles mental health benefits, and the procedures you should follow to get benefits and to appeal a denial of coverage/payment for care. An insurance plan will only work well for you and your child if you understand what benefits it provides and how you can get the most out of them.

