Important Information about Insurance

Some therapists choose not to contract with managed care companies to be an "in-network" provider. There are many reasons why and may include:

Conflict of Interest

Managed care companies were created to "manage" and contain escalating health care costs. They focus their effort on reducing costs and seeking profits; *less* on quality of care or quality of life for you, the client.

Therapists working as in-network providers for managed care companies are sometimes put in the position of having to choose between the best interests of the company (as well as their own best interest if they want to remain on the company's in-network panel) versus that of their client. This puts the therapist in an ethical bind and can become a conflict of interest.

Restricted Choice

Managed care companies make their own decisions as to what services and therapies they will cover:

- Many effective, evidence-based services and approaches (like intensive sessions 60+ minutes) are not reimbursable under many health insurance policies, thus limiting the therapy choices if you are covered under these policies.

- Many provider contracts contain a clause requiring the provider to refer first to providers paneled in the same insurance company, thus potentially compromising the therapist's ability to make the best therapy or resource referral for the client.

- Many insurance companies limit the number of sessions they will cover for a particular issue or client, thus potentially interfering with the professional judgment and the judgment of the client regarding the appropriate length of the client's engagement in services.

Privacy/Confidentiality

When contracting with managed care companies, therapists must agree to share elements of the client's personal health information (PHI) with gatekeepers and utilization review professionals.

This means that regardless of the therapist's role and desire to protect privacy, the managed care company will require and then share that information.

The Necessity of A Diagnosis

Health insurance plans cover only those services classified as "medically necessary" due to the presence of a diagnosable condition. Therefore, if the client chooses to use their insurance benefits to help pay for the therapy, the therapist must consider assigning a mental health diagnosis that will become a part of the client's permanent health record.

If you prefer that your therapist have the FREEDOM to use diagnosis as a *tool* when appropriate and helpful, but not feel the pressure to assign a diagnosis in all cases, and thereby insure that you receive the most ethical, honest and accurate care, please ask to your therapist to NOT run your insurance.

This means you will pay the cash rate for your sessions. This decision can be changed with your consent.