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MENTAL HEALTH AND SUBSTANCE ABUSE

Recently I received a call from a long term client whose child needed treatment for substance abuse. Sadly, in my 30 years as an insurance broker, this type of call was not infrequent. My first thought was “*What if this were my kid?*”

Knowing the pain he and his family were facing, all I wanted to do was make their life a little easier. Having been through this so many times before with other clients, my office pretty much knew the drill. We compiled a list of in-network inpatient substance abuse facilities within 100 miles of their home. I would have no way of knowing the quality of each facility and advised him to share the list with his family’s doctors for their input.

Since insurance carriers cannot update provider network participation changes in real time, I also strongly advised him to confirm the network status for those facilities being considered prior to making an appointment. We advised him to let us know if there were any other facilities that were recommended so we could confirm their network status as well.

Prior to 2010, not all states required carriers to include benefits for mental health or substance abuse treatment. If these services were covered, some policies imposed limits on inpatient days and/or outpatient visits. The Affordable Care Act (ACA) mandates that all medical policies now cover mental health and substance use disorder services (including behavioral health treatment)

without any annual or lifetime limits. This is one of the 10 Essential Health Benefits categories required by the ACA.

Working with health insurance carriers on general medical claims can be difficult at times. Working with health insurance carriers on mental health or substance abuse claims can add another layer of complexity to an already challenging and delicate situation.

Many companies outsource their mental health and substance abuse claims to a third party administrator. This usually means having to go through different contacts using separate phone numbers and addresses. In addition, protecting a patient’s privacy is safeguarded more than usual due to the nature of these claims. For example, a parent may not be able to access any information on behalf of their child without that child’s written consent. Most carriers enforce this for young adults age 18 or older, but I have also come across this requirement for younger teenagers as well.

We provided my client with contact information for the carrier’s Behavioral Health Department and confirmed the inpatient admission requirements to include:

- A level of care evaluation
- Prior authorization
- HIPAA authorization
- Applicable privacy forms (which were also provided)

At the very least, we let them know they were not alone and gave them the tools to move forward as smoothly as possible.

In the event you should need these types of services, it is important for you to become knowledgeable about your plan’s requirements so that all procedures are being followed accordingly. Your provider should obtain any authorizations that may be needed but the ultimate responsibility falls on your shoulders. Failure to comply could result in a financial penalty as much as 50 percent of the total cost being denied. This would become your responsibility in addition to any cost sharing requirements you may have such as copays, deductibles and coinsurance.

In addition to being being knowledgeable about your benefits and responsibilities, organization is also important. Being able to access information easily will help you handle issues that may arise or possibly avoid problems all together. It will also allow you to concentrate on you or your loved one getting well.

Ed Gaelick, CLU, ChFC, established PSI Consultants, LLC where he specializes in company sponsored employee benefits, business planning and personal insurance. Throughout his career, Ed has received many of the highest professional honors awarded in the insurance industry. His dedication, integrity and fortitude have earned him great respect from his clients, staff and peers.