

## Worksheet: Seeking Mental Health Services in the community with your insurance

What is your insurance plan? \_\_\_\_\_

Do you have a copy of your card\*?            Yes/no        \*If not how do I get one

What is the member/customer service number for your insurance? \_\_\_\_\_

### Questions to ask when calling customer service:

What is your copay for outpatient mental health services? \_\_\_\_\_ Primary Care/Specialist

What is your deductible? \_\_\_\_\_ Individual/Family

Does the deductible apply to outpatient mental health services? Yes/no

Has your deductible been met for the year? If not, how much is left before it is met? \_\_\_\_\_

Is there a co insurance? If so, how much? \_\_\_\_\_

Are you covered for services in Colorado? \_\_\_\_\_

Does your plan cover out of network outpatient mental health services? \_\_\_\_\_ If so, what %? \_\_\_\_\_

Do you have a flex spending account? \_\_\_\_\_ If so, how much is available? \_\_\_\_\_

### What are you looking for in a therapist?

- gender preference \_\_\_\_\_
- licensure/training preference \_\_\_\_\_  
\* see licensure comparison on handout
- location considerations \_\_\_\_\_
- specialization in any mental health area or technique \_\_\_\_\_

### Recommendations as you search:

- Choose about 5-10 therapists to explore based upon your needs
- Be prepared to interview your potential provider for a good fit
- Ask if your insurance is accepted, even if you got their name from your insurance web site. All web sites are not current and the provider will be able to answer the question
- Ask how missed appointments are handled
- Explore provider availability and how it fits with your schedule
- Ask if provider offers a free consultation to explore good fit
- Know your goals for therapy. What would things look like if you met your goals or no longer needed therapy? Try to be specific, such as improved motivation, better concentration, improved sleep pattern, increased energy, sense of calm, managing depressed thinking, etc.

### Set up for success:

- Choose a location that you can access easily. As you get busy with the semester this will be important
- Do your homework and make sure to spend time up front to find a good fit for you. A good connection with your provider will result in better outcomes.

**Script for contacting a therapist:**

My name is \_\_\_\_\_.

I am a CU Boulder \_\_\_\_\_ (*undergraduate/graduate*) student.

I am looking for a therapist who I can see \_\_\_\_\_ (*frequency*) that I can access using my private insurance \_\_\_\_\_ (*name of insurance plan including PPO or HMO*).

I need support surrounding \_\_\_\_\_  
(*diagnosis, description of symptoms*).

I am available to schedule for my appointments on \_\_\_\_\_ (*days available*)  
between \_\_\_\_\_ (*hours available*).

I hope to begin seeing a local therapist within the next \_\_\_\_\_ (*provide a time frame*).

The best way to reach me is \_\_\_\_\_ (*provide email and/or phone number*).

Thank you, and I look forward to hearing back from you soon.

## **Definitions: Therapist Licenses and Training**

Each of these mental health professions can assess, diagnose, and treat the full range of mental and emotional disorders in the Diagnostic and Statistical Manual through the use of psychotherapy.

### **Psychology (Psy.D., PhD)**

The Doctor of Psychology is a professional doctoral degree intended to prepare graduates for practice in psychotherapy. The practice of clinical psychology is based on an understanding of the scientific method and behavioral science. Required doctoral degree and licensure.

### **Licensed Clinical Social Worker (LCSW)**

Clinical social workers place their focus on connecting people with the resources they need to function well. Those resources may be internal or external. Required master's level training and licensure.

### **Marriage and Family Therapy (LMFT)**

LMFTs look at behavior in its social and relational context. Required master's level training and licensure.

### **Licensed Professional Counselor (LPC)**

The professional clinical counseling field emerged from school and career counseling. Required master's level training and licensure.

### **Psychiatrist (M.D., D.O.)**

Psychiatry is the branch of medicine focused on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders. A psychiatrist is a medical doctor (an M.D. or D.O.) who specializes in mental health, including substance use disorders. A psychiatrist can prescribe medication.

### **Psychiatric Nurse Practitioner (PMH-APRN)**

Psychiatric Mental Health Advanced Practice Registered Nurses (PMH-APRNs) offer primary care services to the psychiatric-mental health population. PMH-APRNs assess, diagnose, and treat individuals and families with psychiatric disorders or the potential for such disorders using their full scope of therapeutic skills, including the prescription of medication and administration of psychotherapy.

### **Licensure lookup:**

**DORA:** Colorado Department of Regulatory Agencies (DORA) -- Mental Health Grievance Board keeps a public record of complaints filed against psychotherapists. Anyone can call this department at (303) 894-7766 to learn if the provider has a current, valid license to practice, and if complaints have ever been filed against a licensed or unlicensed psychotherapist. This information is also available online: <https://www.doradls.state.co.us/alison.php>.

## **Definitions: Insurance terms**

**Coinsurance** - In property insurance, requires the policyholder to carry insurance equal to a specified percentage of the value of property to receive full payment on a loss. For health insurance, it is a percentage of each claim above the deductible paid by the policyholder. For a 20% health insurance coinsurance clause, the policyholder pays for the deductible plus 20% of his covered losses. After paying 80% of losses up to a specified ceiling, the insurer starts paying 100% of losses.

**Copayment** - A predetermined, flat fee an individual pays for health-care services, in addition to what insurance covers. For example, some HMOs require a \$10 copayment for each office visit, regardless of the type or level of services provided during the visit. Copayments are not usually specified by percentages.

**Deductible** - Amount of loss that the insured pays before the insurance kicks in.

**Drug formulary**—a list of prescription medications covered by your plan.

**Exclusive provider organization (EPO) plan** - A more restrictive type of preferred provider organization plan under which employees must use providers from the specified network of physicians and hospitals to receive coverage; there is no coverage for care received from a non-network provider except in an emergency situation.

**Explanation of Benefits (EOB):** A statement sent from the health insurance company to a member listing services that were billed by a healthcare provider, how those charges were processed, and the total amount of patient responsibility for the claim.

**Flexible spending accounts or arrangements (FSA)** - Accounts offered and administered by employers that provide a way for employees to set aside, out of their paycheck, pretax dollars to pay for the employee's share of insurance premiums or medical expenses not covered by the employer's health plan. The employer may also make contributions to a FSA. Typically, benefits or cash must be used within the given benefit year or the employee loses the money. Flexible spending accounts can also be provided to cover childcare expenses, but those accounts must be established separately from medical FSAs.

### **Health maintenance organization (HMO)**

A health care financing and delivery system that provides comprehensive health care services for enrollees in a particular geographic area. HMOs require the use of specific, in-network plan providers.

**In-network provider**—a health care professional, hospital, or pharmacy that is part of a health plan's network of preferred providers. You will generally pay less for services received from in-network providers because they have negotiated a discount for their services in exchange for the insurance company sending more patients their way.

**Out-of-network provider**—a health care professional, hospital, or pharmacy that is not part of a health plan's network of preferred providers. You will generally pay more for services received from out-of-network providers.

**Preferred provider organization (PPO)**—a health insurance plan that offers greater freedom of choice than HMO (health maintenance organization) plans. Members of PPOs are free to receive care from both in-network or out-of-network (non-preferred) providers, but will receive the highest level of benefits when they use providers inside the network.