



Advocating for Services

Getting Reimbursed for Services from Your Insurance Company

In an era of managed care and varied types of insurance plans offered to individuals, it is more important than ever that you be a wise consumer. Be familiar with the options available to you and your family. Policies can differ greatly from person to person even if underwritten by the same insurance company. The following information is written to assist you as you inquire about your coverage.

Most carriers have a 1-800 number on the back of your card where you can call for benefits information. Again, it is important that you as the consumer contact your insurance company *before* seeking services. Medical benefits can be different from mental health and substance abuse benefits, and some companies refer to psychotherapy as “behavioral health benefits.” Look carefully at your card before calling so as to avoid the frustration of making numerous calls before reaching the correct insurance division. Some plans are indemnity plans, which usually offer broad-based coverage. Others are managed plans in which you will need to access designated providers who have independently contracted with the managed care companies in order to provide services.

Do not stop there with your questions should you wish to see a provider who is not credentialed with the managed care network. There may still be options for you to seek if you are persistent. For instance, your policy may have an “out-of-network benefit” which usually pays at a reduced percentage of the usual and customary charge. Ask if this option exists. Also, there may be the possibility of securing what is called a “single case agreement.” This option allows your insurance company or managed care network to contact our office directly and establish a contract for services at an agreed upon reimbursement rate. Always be sure to get the name of the person you have spoken with and their direct telephone number and extension. Otherwise the negotiations can become a nightmare for us to secure, meaning we have to chase your contact person through numerous people.

Another constant complaint is that consumers often times have trouble speaking to a “live” representative. Voice mail, messaging, and “options” selected by “pressing” specific numbers can be frustrating.

Keep good records of the actual numbers you have called and how you accessed your care manager. This is not a constant problem with some of the larger carriers but can be very difficult with some companies.

Since we do not have the staff or the time to do much of this legwork for you, it is important that you set aside enough time so that you can research this data.

Remember this: the contract is between you and the insurance company, not with the Horse Sense staff or office. They are much more inclined to try and please you than they are to please us. A good rule to practice is “the squeaky wheel gets the oil!” Be persistent and informed. When asked why you do not want to use other services, respond by telling them if your doctor has specifically recommended you to us. You can explain that the therapy provided by us also includes treatment options not offered by others in the area. Our equine assisted psychotherapy program is not easily duplicated, and offers an experiential therapy, which has yielded promising outcomes. It is best to let us explain the program to them rather than have you do that, especially if you are at all unfamiliar with how it works. Just have them call the office to review any questions they have regarding equine assisted psychotherapy.

By all means ask for the supervisor if any person is rude to you or if you feel you are entitled to further explanation or would still like to explore other possibilities with your carrier. For most people, insurance is secured through their employer. Since the employer assists with the purchase of the coverage and is anxious to have happy, healthy employees working for them, the Human Resources Department is usually very interested in your feedback regarding the insurance plan. They can be invaluable in the approval process if your insurance company or the managed care company cannot meet your needs. Discuss your concerns with them and provide them with the documentation regarding how you have tried to access care. Many times the employer is able to request modifications in the plan and the insurance company does not want to lose your employer’s business. Since the contracts are frequently put out for bid or changes frequently made, insurance companies listen carefully to the employer and to you, the consumer. Let them hear from you!!

When you have tried all you can and it appears you will not be able to get what you want from your insurance company, by all means talk to the therapist about your financial concerns if that is going to impact your care needs. We try to work fair payment arrangements for any person who wants to access our services. While we cannot finance therapy, we will do all we can to assist you with care, payment plans or locations of other providers. It is difficult to unravel the many details of insurance plans, but we each must be wise consumers. Do not be afraid to ask questions, explore options, and request a review of decisions made when it comes to reimbursement for your health care services.