

**Reason #3: Misdiagnosing and/or over-diagnosing in order to get treatment authorized.**

Some MCP's will not cover treatment unless it is a "medical necessity." This may mean the patient has to "pretend" they are "sick," or worse off than they are in order to receive their benefits.

Most MCP's do not cover therapy or psychological issues such as marriage or family counseling, adjustment reactions, or personal growth.

This situation puts both the psychologist and patient in a negative situation. Often the "assessment" sessions that are initially authorized are not sufficient to give an accurate diagnosis, yet the MCP will not authorize more visits without one. The therapist may be inclined to "make up" or "guess at" a diagnosis, which is not in the best interest of the patient.

Most importantly, you, the patient, should not be given a mental illness diagnosis that is not correct, or is more serious than what is true, simply to get treatment paid by the MCP.

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# **Why I Do Not Accept Managed Care Reimbursement for Mental Health Services**

**An important part of your treatment is your "informed consent." In order for you to make an informed choice, please review this "disclosure statement" about service reimbursement.**

**If you are a member of an HMO or PPO that provides reimbursement for mental health treatment, please read the enclosed before making your choice regarding accessing those benefits.**

**Thank you,  
Karen Lee Gillock, PhD**

## **Three Reasons Why I Do Not Accept Managed Care Reimbursement for Mental Health Services**

### **Reason #1: Lack of confidentiality.**

All managed care plans (MCP's) involve direct clinical management by the plan's case managers. If you access therapy through your MCP, it makes it necessary for your psychologist to disclose anything and everything related to your case to your MCP.

This information is used by the MCP for determining benefits, which they allocate at their own discretion. This impacts your right of confidentiality, and it is possible that your information will be stored in a computer system which could be accessed by anyone.

The FBI and law enforcement officials can access your insurance information at any time. This information could be used to your disadvantage should a legal problem arise.

Furthermore, this lack of confidentiality could impact your minor children even more negatively. Should they ever desire to apply for certain jobs or educational programs, such as law enforcement or the military, the

information in their insurance files could be used against them.

### **Reason #2: Difficulty getting treatment authorized.**

Due to the direct care management by MCP's and their desire to keep costs to a minimum, getting therapy sessions authorized often becomes cumbersome and time consuming. Every plan has different requirements and standards for authorizations. Usually they require many hours a week of paperwork and phone calls by the psychologist in order to get authorizations. Some will deny therapy in lieu of taking prescription medications.

MCP's allow certain number of treatment sessions per year for each plan. Let's assume your MCP allows up to 20 sessions per year of outpatient psychotherapy. This does not mean you can automatically access your benefits. Often you first have to be referred by a primary care physician member of the MCP. Then you may have to go through a phone interview with an MCP case manager. Then you may have to contact several plan providers to find one who is accepting new patients, who has a convenient location, or who has expertise in your issues. Once you have found a provider, there may be a long

wait for an appointment due to pre-authorization requirements. Then you are often given only one to three sessions to start (50 minutes a week – though you may feel you need more), as an assessment. Then you may need to wait for more visits to be authorized – often weeks of phone calls and paperwork flow back and forth between your provider and the MCP. Then the MCP may only authorize three sessions at a time, with this continual waiting period in between. This causes your treatment to be inconsistent, broken up, and can cause you more anxiety not knowing if you will in fact get your benefits authorized at all. Some patients give up on their treatment due to these frustrations.

Furthermore, some MCP's want to control the treatment plan. Some will even dictate the specific treatment plan, which is often very subjective and may even be anti-therapeutic. Some plans will determine when it is time to terminate treatment, even when the patient continues to be in distress, or their problem has not been sufficiently solved.