A GUIDE TO USING HEALTH INSURANCE BENEFITS

INTRODUCTION

Do you have health insurance for your son or daughter? Has it been difficult to find care for your child through your insurance company?

You know your child better than anyone else. We prepared this brochure to assist you with finding mental health care for your children using the benefits of your health insurance plan. This booklet will help you with questions, such as: “How do I go about finding the help my child needs? How do I work with my health plan to pay for the care my child may need?”

It is important to understand how your health insurance plan makes decisions about the types of services they cover.

YOUR HEALTH INSURANCE PLAN

Most families depend on health insurance to assist them with paying for health care. If your employer pays for all or part of your health insurance, it is probably one of several types of ‘managed care’ plans. It is important to find out the following:

1. What services will your plan pay for or not?
2. What will it cost you?

You should choose the most appropriate health care professional for your child. Some health plans permit patients to use professionals not in the health plan (usually at a higher cost). When that is the case you may contact the professional of your choice. If the plan does not allow this, you will have to stay with the professionals in your plan.

To find your health plan’s benefits, call the toll-free number on your insurance card. You can also contact your employer’s health benefits representative. This person is usually in your employer's human resources department.

MAKING AN APPOINTMENT

Now that you have information about your benefits, it is important to understand how to find care within the limits of your plan. How urgently does your child or adolescent need care? The table below shows national standards that insurance companies should follow when providing an appointment for your child:

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>WHEN TO SEEK CARE</th>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency: Life Threatening Situation</td>
<td>Immediately</td>
<td>Call 911 or go to the nearest hospital emergency room or crisis center.</td>
</tr>
<tr>
<td>Emergency: Not Life Threatening</td>
<td>Within 6 hours</td>
<td>Call your child’s doctor and your health plan. If you are not able to get an immediate appointment, go to the nearest emergency room or crisis center.</td>
</tr>
<tr>
<td>Urgent Situation</td>
<td>Within 48 hours</td>
<td>Call your doctor and the insurance company for an urgent referral.</td>
</tr>
<tr>
<td>Routine Care</td>
<td>Within 10 working days</td>
<td>Call your child’s doctor. Request a referral for care from your health plan.</td>
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If you think there is a risk to the life or safety of your child, national standards require your insurance plan to reimburse you for an emergency room visit. If your health plan requires that you see a mental health professional in their plan but they are not able to find one within the time frame listed above, the insurance plan should allow you to see any appropriate clinician at the same cost to you.
In non-emergency situations your child’s doctor is often the best person to help you find mental health care for your child. Your doctor may want to schedule an appointment with you in order to learn more about your child’s needs. If your child’s doctor cannot locate an appropriate clinician, call your health plan for assistance with making an appointment. Your health plan’s web site may also have a list of mental health clinicians you can see.

APPEALING A DENIAL OF CARE
A "denial of care" is when a health plan does not pay for services or refuses to agree to treatment. All health plans are required to contact you in writing about their decision to deny care. They must give you the reason for the decision and you have the right to appeal that decision. Keep the following points in mind to increase the success of your appeal:

- When you speak to the representative of your health plan tell them you are appealing their decision and want to know how to do this.
- Maintain a written record of all your contacts when you are appealing. Always write down the full name of the person you speak to, their role, the content of your conversation and the time and date of the call.
- Follow all time lines and procedures for pursuing your appeal.
- Submit your appeal in writing.
- Exhaust all levels of appeal. Do not become discouraged and stop. It may be the last level of appeal, outside the company, that reverses the original decision.

FINDING MORE HELP
The following are a few of the resources that are available to you:

**Contact a family support group.** You are not alone. There are other families going through the same problems you are. Through local organizations you may be able to connect with local people who have struggled to meet a child’s mental health needs.

For help finding a local support group contact:

- National Alliance on Mental Illness (NAMI): [www.nami.org](http://www.nami.org); 800.950.6264
- Mental Health America: [www.nmha.org](http://www.nmha.org); 800.969.6642
- Federation of Families for Children’s Mental Health (FFFCMH): [www.ffcmh.org](http://www.ffcmh.org); 240.403.1901
- Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD): [www.chadd.org](http://www.chadd.org); 800.233.4050
- American Academy of Pediatrics (AAP): [www.aap.org](http://www.aap.org); 847.434.4000

**Contact your state insurance office.** Most states have a Department of Insurance or a Department of Managed Care. These agencies oversee all insurance plans and can give you advice.

**Contact your state and federal elected representatives.** Getting your child mental health care is also a political issue. If you are dissatisfied with the care available to your child you should write your state and federal legislators. While they may not be able to give you immediate assistance, they will be interested in your efforts to obtain health services for your child.

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