

## **Why Isn't TheraBee In Network?**

### **Reason #1 – Conflicts of Interest**

As Mental Health Care providers, we are required to avoid potential conflicts of interest. Each provider's primary concern is for the wellbeing of each client. Therapists working under the constraints of managed care companies are sometimes put in the position of having to choose between what is in their own best interest and what is in their client's best interest. None of the providers here want to or are willing to be put in that position.

### **Reason #2 – Restricted Choice**

Often, managed care companies restrict the client's choice of provider by offering only short term / brief therapy. Such therapy meets the financial criteria of managed care companies but may fail to afford the client (you!) the opportunity to get the information / therapy that would be best for the client. Thus, it is our belief that this often results in the client's quality of care being compromised.

### **Reason #3 – Professional Expertise**

We believe clients should be able to access mental health professionals according to their needs. Often, managed care companies restrict the professionals that clients are allowed to work with – preferring to refer clients to therapists who have a record of providing short term therapy rather than to other therapists who may provide better long-term results.

### **Reason #4 – Contractual Limitations**

We believe that a client has the right to full disclosure of any arrangements, agreements, contracts, or restrictions between any third party and the provider that could interfere with or impact your treatment. Insurance companies typically frown upon this, and remove clinicians from their panels who “violate” the rules regarding disclosure. (AKA insurance companies don't want us to tell you that they control how much they pay us and may at any time reduce how much they pay per session without reason/notice. They also don't want us to tell you that they usually only pay for about 90% of claims we submit when In Network).

### **Reason #5 – Privacy / Confidentiality**

If we accepted insurance, It is likely that we would be required to share client's deeply personal information with utilization review professionals; it would mean potentially allowing literally hundreds of others to have access to clients personal information. (Yikes!)

#### Reason #6 – Medication

Research has consistently shown that medication for problems with mood is most effective when combined with psychotherapy. Nevertheless, managed care companies frequently approve only medication rather than permitting them to also work with a therapist. We believe in quality over capitalistic “efficiency”.

#### Reason #7 – Diagnosis and Stigma

Managed care companies typically cover only those services deemed “medically necessary” which is defined as being literally about life and death and the treatment of illness. Our work with clients focuses on quality of life, prevention, exploration, and personal growth rather than simply survival.

#### Reason #8 Time

We are required, by law, to maintain files on each patient we see. We complete these documents following each session to ensure that they are as accurate as possible. As we allot one hour per client, the amount of time we have to spend during that hour doing recordkeeping directly impacts the amount of time we spend with you, the client! If we have to spend additional time completing paperwork for insurance companies, it will cut even further into the time we get to spend actually working with you.

The increasing complexity of coverage and different plans, our desire to provide longer sessions, and an effort to use a minimal amount of the therapy hour you pay for doing paperwork have all led to our decision not to accept insurance. Although this is the case, if your insurance plan includes mental health coverage, we are happy to either submit the paperwork for you to insurance, or provide you with a receipt/invoice/superbill so that you may submit for Out of Network reimbursement from your insurance provider.

If you plan to do so, please know that it is sometimes difficult to determine exactly how much mental health coverage is available. Some plans require advance authorization, without which they may refuse to provide reimbursement for mental health services. Many plans are limited to short-term treatment approaches designed to work out specific problems. It may be necessary to seek approval for more therapy after a certain number of sessions. Some managed-care plans will not allow reimbursement once your allotted number of sessions is reached. Please also note that not all insurance companies reimburse for out-of-network providers, and not all plans cover all types of providers.

Furthermore, you should also be aware that most insurance companies require you to authorize TheraBee to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or

long-term problems). Sometimes we may have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company's file. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. If ever TheraBee needs to have any contact with your insurance company other than submitting claims for you, we will ask you to sign a release of information so that we may do so in a legal and ethical manner.