



<http://www.gatewaytosolutions.org/>

Why are most mental health providers out-of-network?

At GTS, we have approved credentials for all out-of-network benefits. Most of GTS's clients receive 50-90% of our fee schedules within 30 days of claim submission to their insurance company. The app <https://reimbursify.com/> helps clients get their reimbursements back seamlessly.

Especially in NYC, we strongly recommend choosing a healthcare plan with a good out-of-network benefit. Many times, better providers (mental and physical health) stay out of networks. A good out-of-network plan for behavioral health has the following features:

- Low deductible (0-\$2000). Once you meet your max out of pocket contribution, you will get reimbursed at 100% for the remainder of the insured year
- 52 outpatient psychotherapy sessions a year or more
- No authorization is needed
- Plans that reimburse over 50%
- When choosing insurance plans, CIGNA, AETNA, BLUE CROSS, AND BLUE SHIELD, UNITED tend to be the best. Choose the highest level of insurance if you need ANY specialized care, mental or physical health.

Other reasons why it's better to use an out of network provider that your insurance company will **NOT** tell you:

Out-of-Network Clinicians	In-Network (Managed Care) Clinicians
<i>Added confidentiality with your private information.</i> You and your clinician decide on your care plan. No managed care company or “utilization review” person will dictate your care. There is NO	By simply using your in-network benefit, you are giving your consent or information such as your diagnosis and appointment dates to be shared with your insurance company. Plus, they can CONTRACTUALLY receive

<p>contract between you, your provider and insurance company.</p>	<p>your records anytime, dictate the course of treatment, refuse payment and/or continuing treatment. They can DEMAND your medical records.</p>
<p><i>Time, collaboration, individualized care planning, accessible.</i> Out-of-network clinicians have more time to coordinate treatment, offer proper follow-up, collaborate with outside providers, and are more accessible. They provide much more individualized care planning with extra attention than in-network providers.</p>	<p>Contractually, these clinicians get paid one-third of actual market rates. Generally speaking, these insurance contracts attract new or retiring clinicians into their network. Or who cannot have a successful practice built on their reputation and skill.</p> <p>Often, they have a higher burnout because they often have no availability and must-see three times the number of patients than an out-of-network provider to stay in practice.</p> <p>Also, it is common they have little time. Offices often feel like a factory line,” don’t return calls, emails, or collaborate with psychiatrists and other professionals. They don’t have the time to offer 360-degree, interdisciplinary care.</p>
<p>Ease with getting proper and TIMELY follow-up.</p>	<p>In-network clinicians are inundated with clients and rarely can accommodate a new client’s time/date preference or even return a call/email within 24-48 hours.</p>

Check out this recent blog as to why it's always better to see an out-of-network mental health provider: [8 Reasons to See an Out-Of-Network Therapist](#)