





**Out-of-Network,
Out-of-Pocket,
Out-of-Options**

The Unfulfilled
Promise of
Parity



“I don't even try to use mental health benefits anymore provided by my insurance company. It requires pre-authorization by one of their providers.

My psychiatrist isn't in any network. I have been going to her for over 20 years. She is part of the reason I'm still on this earth.”



Findings from NAMI's Coverage for Care Survey 2015
Network Adequacy

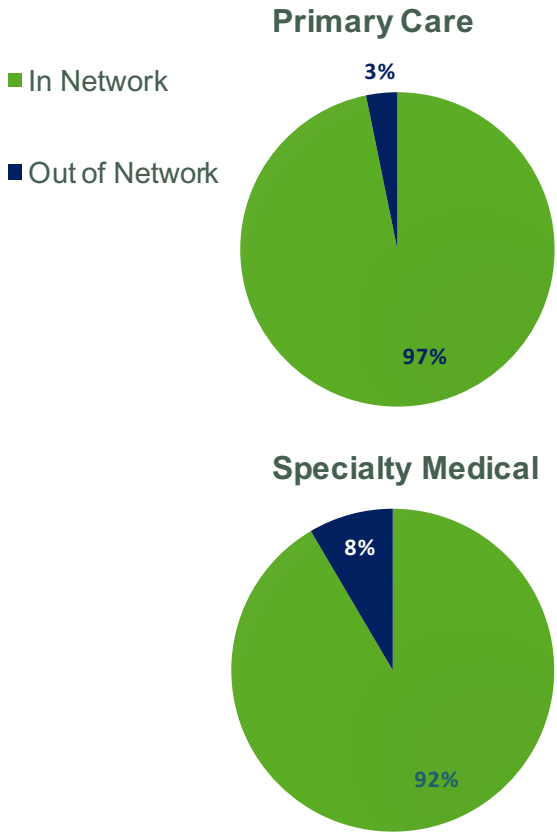
NAMI's 2015 Coverage for Care Survey

NAMI conducted an online survey in the winter of 2015 to answer the question, “What do insurance beneficiaries experience when they seek mental health care?”

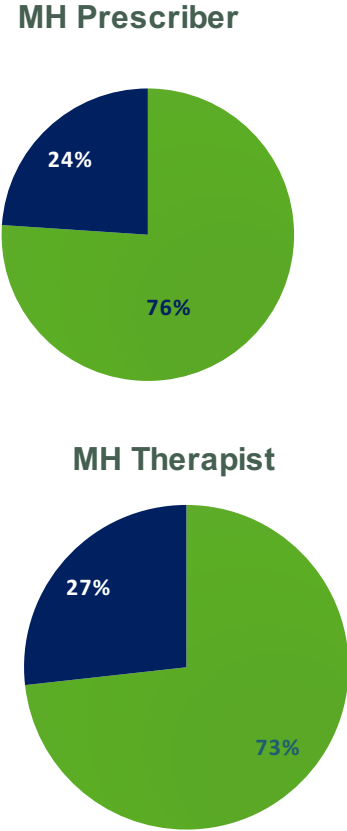
- Results were based on a convenience sample of over 3,000 respondents with public or private health insurance coverage
- Survey found that people with mental health and substance use conditions have a more difficult time finding in-network mental health and substance use providers
- Survey also found that out-of-pocket costs for mental health and substance use care were higher than for comparable types of medical-surgical care

Outpatient Provider Networks

Percentage of respondents with in-network vs. out-of-network providers

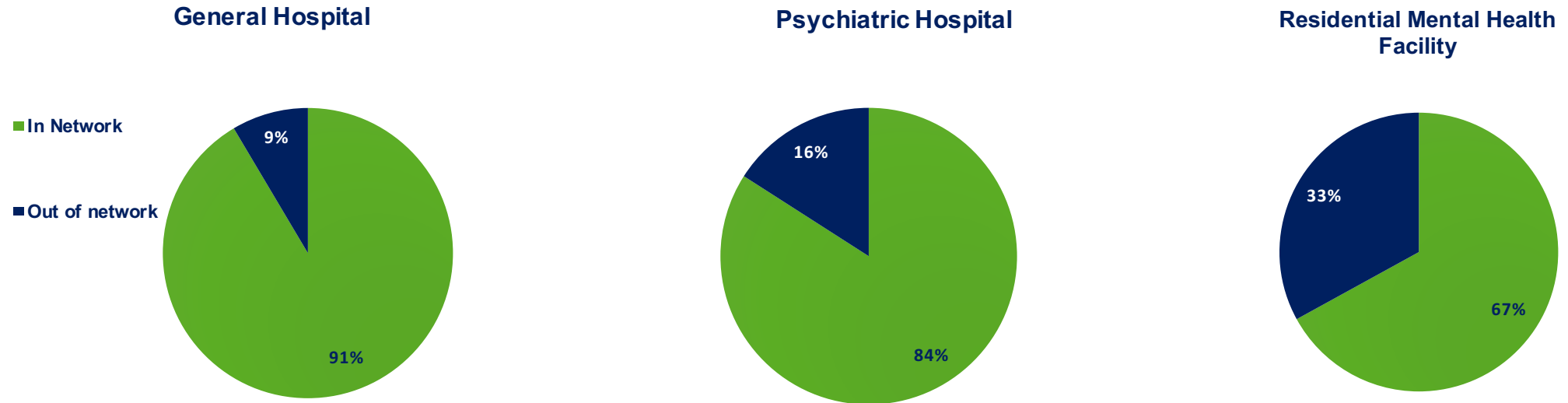


Survey participants were about 70% more likely to report having difficulty finding a prescriber who would accept their insurance compared with other medical specialists.



Inpatient Networks

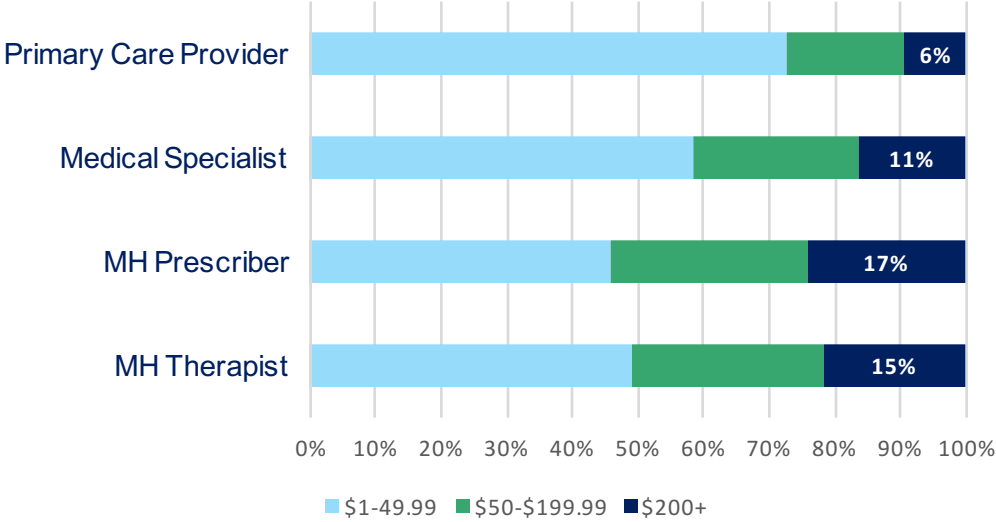
Percentage of respondents who received care in in-network facilities vs. out-of-network facilities



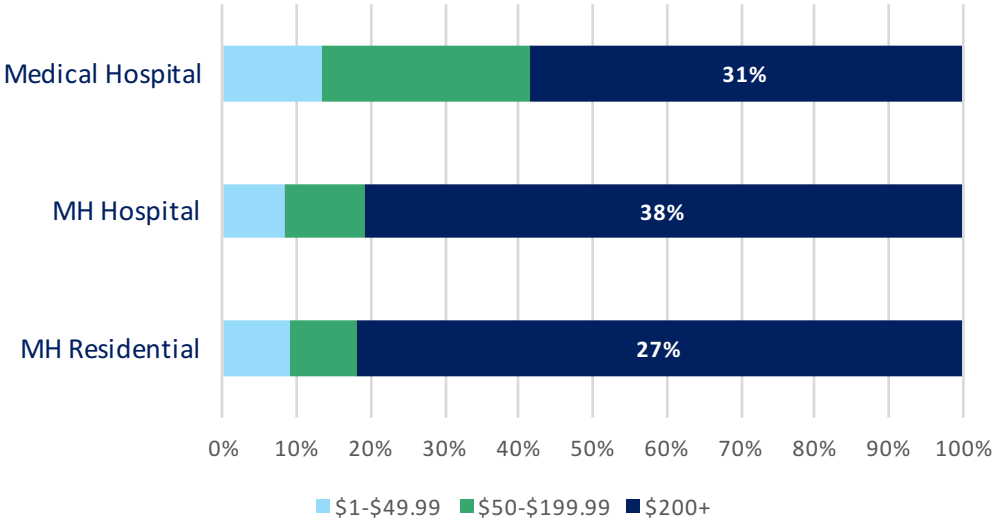
One in three respondents did not receive care in an in-network residential mental health facility, and one in four had difficulty finding one that would accept their insurance.

Out-of-Pocket Costs Outpatient and Inpatient Care

Outpatient Out-of-Pocket Costs



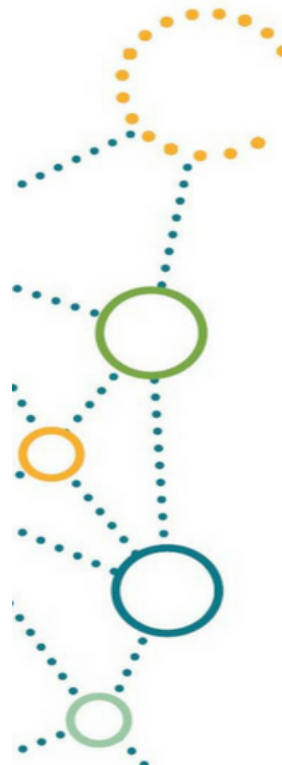
Inpatient Out-of-Pocket Costs



Eight in 10 respondents had out-of-pocket costs of over \$200 for psychiatric hospital or residential mental health care compared to fewer than six in 10 for general hospital care.

NAMI's Recommendations

1. Maintain accurate, up-to-date provider directories
2. Provide easy-to-understand information about mental health benefits
3. Promote integration of mental health and primary care
4. Expand mental health provider networks
5. Cover out-of-network care to fill provider gaps



“Despite federal law, discrimination still exists in health insurance coverage of mental health conditions when compared to other medical conditions. When you have cancer or heart disease, you expect to find specialists in your insurance network. **Mental illness should be no different.**”

Mary Giliberti, NAMI CEO

www.nami.org/parityreport

