

IBH Frequently Asked Questions: Guidance on Discussing Co-payment for Behavioral Health Services

Question: Now that we are doing PHQ9 screening for depression it will require frequent rescreening and warm handoffs that sometimes turn into a visit. Patients are getting bills they didn't expect. How should we be having conversations with patients regarding a co-payment for behavioral health services in primary care?

Answer: This comes up for providers and practices around many issues including diabetes education, nutritional counseling, blood pressure checks and blood sugar checks. Start by reviewing current policy addressing other services then work on a script to address how this can be brought up with patients that mirrors what is said for other conditions. Making this the starting point helps staff incorporate and understand depression and other mental health or substance use problems like a primary care issue. Each practice will need to develop the script that fits their cultural environment. Behavioral health staff should receive training and support on how to have this conversation with people when necessary.

When doing a warm handoff that will result in a non-collaborative care visit that meets criteria for billing, here is a sample script:

I would recommend that we meet right now, if you're able to, so that we can develop a plan right away for you to start feeling better and if you have a co-pay, it will be activated when we do meet.

When doing a warm handoff that will result in a collaborative care visit that meets criteria for billing, here is a sample script:

I would recommend that we meet right now, if you're able to, so that we can develop a plan right away for you to start feeling better and if you have a co-pay, it will be activated when we do meet. You will see a co-payment for each visit we have together when I provide billable services and then a once a month co-payment that covers the special services and coverage we are able to provide you for your depression/anxiety care.

Q: Is there anything our center can do to inform the patient of the copayment collection process?

A: Sometimes agencies develop a form or information sheet that explains clinic practices and billing as part of registration (sometimes with the request for the patient to sign it acknowledging receipt). The form might explain that certain processes (e.g. PHQ-9, lab work, etc.) are a part of usual care at the clinic. It might also inform the patient that they can always decline particular services as part of their right as a patient.



Initiation of any co-payments should ideally occur during patient check-in with the front desk or patient service representative asking, “How would you like to pay your co-payment today” rather than “Would you like to pay....”. Including this in the workflow is preferred over having the patient get a bill later and more ideal than trying to catch them on the way out. The process should include offering financial assistance (if it is an available option) for those who may be experiencing financial hardship. Ideally, this conversation would take place in a private space to respect the patient’s privacy.