



The new way of charging for mental healthcare

**Will you be treated by mental healthcare providers in 2022?
Then you will be dealing with a new system for calculating
and reimbursing healthcare treatment.**



The new way of charging for mental healthcare

Charging for mental healthcare

The system for calculating and reimbursing healthcare costs regulates what the treatment may cost and how your care provider must charge for it. It is not about the type of treatment you get or how you get it.

Why a new way of charging?

The way mental healthcare costs used to be charged is no longer appropriate. Healthcare providers spent a lot of time doing their administration. The bill for treatment was only sent once the treatment ended, and this could take up to a year. The invoices were often not clear. That is why there will be a new way of charging for mental healthcare from 2022 onwards: 'het zorgprestatie model' (the care performance model).

In 'het zorgprestatie model', mental health treatments are no longer paid for as a course, but as separate care services.



'Het zorgprestatie­model'

Your treatment in mental healthcare consists of several components. For instance, consultations with the healthcare provider or days and nights spent in a clinic. In 'het zorgprestatie­model', all of these separate components are known as care services. The care services are listed on the invoice that the healthcare provider sends to you or your healthcare insurer. This way, it is clear which treatment you or your health insurance company will pay for.

How will this affect me?

The treatment that you get will not change. But it will be easier for you to check the bill. You can see exactly who you spoke to during a consultation and how much time was charged. The bill will also be sent sooner, for instance in a month's time.

From 2021 to 2022

The new way of charging for mental healthcare comes into effect on 1 January 2022. If you are undergoing treatment in 2021 and it carries on into 2022, then until 31 December 2021 the treatment will be calculated and reimbursed according to the old system. A separate bill will be sent for this. Your healthcare provider will register the treatment you are given in 2022 in 'het zorgprestatie­model'. The healthcare insurer will check whether you have policy excess for both years.

From 2022 onwards

In 'het zorgprestatie model', the bill is sent shortly after the care is provided. Your bill may then include several separate consultations or other care services. The healthcare insurer includes the care services that are provided in 2022 when calculating the policy excess for 2022. The care services that are provided in 2023 are included in the calculations for the policy excess for 2023. If you still have to pay for policy excesses in those years, the healthcare insurer will charge for it.

Type of healthcare required

In the old system, it was the diagnosis that often determined the costs of treatment. This is no longer the case in the new way of charging. Your healthcare provider records the type of care required in 'het zorgprestatie model'. The type of care provides information about the care you require. Your healthcare provider can use it when drawing up a treatment plan, for instance. The type of care does not determine the price of the treatment. Instead it is the care services that you are given that determine the price. During your treatment, your healthcare provider may redefine the type of care required to make the change clear. The type of care required is stated on the bill.



Good to know

- If you are already undergoing treatment and it will carry on into 2022, then you do not have to get another referral.
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- Be aware of this if you move to a different healthcare insurer. If your treatment continues into the new calendar year, this part is covered under the new policy. Then check whether the new healthcare insurer will reimburse your healthcare provider (in full).
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- The length of the consultation determines the rate. The healthcare provider may instead base the rate on the time that was set aside for you in the agenda, even if the consultation actually was a little longer or shorter. If this is the method that your healthcare provider uses, it will be stated on the website.
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- If you are in touch with your healthcare provider several times in one day by email or a chat session, then this may be invoiced as one consultation.
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**If you have any questions about 'het zorgprestatie-
model', then please contact your healthcare
provider or insurer.**

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