



USING YOUR HEALTH INSURANCE TO PAY FOR FEES AT SPRING LAKE RANCH

Though Spring Lake Ranch will make every effort to assist you with securing insurance reimbursement for your family member's stay with us, it's not a simple process. The insurance maze is complicated, for family members and providers alike. Each company has different methods and standards for what will be reimbursed, and even within a company we often find variation in what individual policies will pay. This document is an attempt to help you navigate the typical steps involved in seeking insurance reimbursement.

Ultimately, while we will do everything we can to help you to receive insurance reimbursement, it is important that you understand that the agreement for services is between you and Spring Lake Ranch, and as such, payment is expected prior to services and regardless of whether your insurance company agrees to pay or not.

Some families have had luck in getting claims reimbursed, but this usually involves great difficulty and, often, a lengthy appeal process. You need to know that there is a *minimal chance* of reimbursement and in the event that you do get reimbursement, it is *highly unlikely* that you would receive reimbursement for your family member's entire stay at SLR.

The first step in utilizing your insurance for a family member at Spring Lake Ranch is to contact your insurance provider as soon as you've confirmed with our admissions team a date for admission. If your family member is currently in the hospital, ask the discharge planner or social worker involved to contact the insurance company for you. It is imperative that you let us know at the time of admission that you want to try to utilize your insurance for reimbursement. We will not start a prior authorization process for insurance reimbursement after a resident has been in our care five days or more.

When contacting the insurance company, find out whether your plan covers Out-of-Network Residential Treatment. If the plan does cover Out of Network, ascertain what the company requires of the treatment facility in order to be covered. For example, even though many plans say that they will cover Residential Treatment, in actuality they will not provide coverage unless the facility has 24-hour nursing care, a psychiatrist on staff, and awake staff at night. *Spring Lake Ranch does not meet these criteria, or many others often required for covered Residential Treatment.*

After contacting the insurance company, it's likely that a representative will want to talk with one of our staff to get a clearer definition of what services we provide. Sometimes in these conversations we discover that Spring Lake Ranch may not meet the requirements for Residential Treatment, but may meet the criteria of Intensive Outpatient Treatment (IOP). The insurance representative can call our Insurance Liaison, the Admissions team, or a Resident Coordinator at 802.492.3322 to get more information about our program. You may decide to have your family member come to Spring Lake Ranch whether or not insurance has said they'll pay anything. Upon admission, please make sure that we have all of your insurance information, including the *policy holder's* name and date of birth. If you feel that insurance reimbursement is possible, upon admission we will contact your insurance company within 48 hours and try to get prior authorization for treatment. This involves giving clinical

information and trying to make a case for medical necessity for our services. If authorization is granted, we will get a reference number and care manager with whom we will follow up every few days with updates on the resident's progress and treatment. Warning: insurance companies are quick to state that an authorization is not a guarantee of payment. Regardless, our claims office will submit a claim with the diagnostic codes, revenue codes, and other necessary information to the insurance company.

As stated earlier, your insurance company may not agree to cover our services because we don't meet their criteria for Residential Treatment. We will attempt to get the services covered through a lower level of care, such as IOP. If the insurance company denies payment altogether, you may want to file an appeal. We will provide you with the clinical information required to file such an appeal, but we suggest that you find an advocate, attorney, or state banking and insurance commission board to help you. The appeal process can be very long and difficult, but if you get payment(s), it's worth it!