



Out of Network Insurance for Sibcy House Residential Programs

Our Residential programs are often covered by insurance on an out-of-network basis. Many of our patients utilize out-of-network insurance reimbursement to help finance treatment.

Our team works to help patients and families obtain out-of-network reimbursement from their insurance plan. As a result, many patients with insurance policies offering out-of-network benefits receive partial coverage.

All insurance companies have different plans and policies; therefore, reimbursement amounts vary.

Please provide your insurance information to your admissions representative as soon as possible, so we may quickly begin the verification of benefits process.

Review the below listed Frequently Asked Questions for more information. If you have any additional questions, please contact one of our Revenue Cycle Residential Coordinators at 513-536-0202 or revenue-cycle-residential-coordinators@lindnercenter.org

Q: How will I know I am covered for treatment?

Before your admission, we will ask you to provide us with information about your health insurance company and plan. Our Revenue Cycle Residential Coordinators will contact your insurer to understand if you have an out-of-network benefit for residential mental health on your plan and send you a detailed letter outlining the information obtained.

On the day of admission, your Residential Intake Specialist will meet with you and your family to review information related to the payment for treatment. A couple of items for consideration:

- Health Savings Account funds can be used for treatment rendered at Sibcy House.
- Please see our website for two convenient lending options available to assist with financing.
- Out of pocket treatment costs may be tax deductible. Please consult tax advisors



Shortly after admission, we will contact your insurer to review your case and treatment. Please note that each insurer uses their own set of medical necessity criteria.

Q: What do I and my family need to do in this process?

Please provide us the request verification of benefits information soon as possible. We will verify this information and send you a detailed letter with coverage specific to out-of-network residential treatment we confirmed from your insurance.

Q: What does Sibcy House do to ensure reimbursement?

While we cannot ensure that an insurance company will provide reimbursement for the residential care provided during your stay, we can guarantee that we will work on your behalf throughout the process.

- We complete an initial screening to understand if you have an insurance benefit for treatment at Sibcy House.
- Following admission, we contact your insurance to work to obtain authorization for residential treatment. If approved, we conduct reviews throughout your stay for as long as the insurance company deems the treatment to be medically necessary.
- We also notify you and/or your family when coverage is denied. Denials can happen for a variety of reasons including improvement in the patient's mental health status. We are always available by phone to consult and provide information related to insurance matters.

Q: How long does it take for insurance companies to let patients know how much coverage they will get?

This can vary greatly depending on your individual insurance policy and the insurer's responsiveness. Generally, we will know whether a stay is authorized within days of admission. How much coverage you may receive depends on a number of factors.

Revenue Cycle Residential Coordinators are dedicated to working directly with insurance companies to help navigate the process.

Q: How many patients receive reimbursement and how much do they receive?



Our Utilization Review team provides information to your insurance company to help support your case for reimbursement. Given that plan policies vary, we cannot guarantee what, if any, amount will be reimbursed.

Although Sibcy House residential programs are not “in-network” with any health insurance plans, many patients with insurance policies offering out-of-network benefits receive coverage to support some of the cost of treatment. Payment is typically based on insurance companies’ “usual and customary” daily rate.

Insurance companies are generally aware of mental health parity laws, which help the case for getting coverage. It does vary by company and state, but we are seeing most patients receive some coverage for residential treatment. The length and amount of coverage still varies widely but we’re seeing more patients being covered for more days of treatment, as well.

Q: What happens if my insurance does not authorize coverage for my complete stay or at all?

All patients pay for the full length of their stay prior to being admitted and we want you to know if part of your stay will be covered by your insurance.

If your insurance plan does not include out-of-network benefits, we will notify you as soon as possible with our verification of benefits process.

For those patients who do have out-of-network benefits, we continue to work with your insurance company throughout your stay to ensure that they cover as many days of your stay as possible. If we are informed by your insurance company that they will not pay for additional days, we will notify the person who is financially responsible for your stay.

If your insurance company has denied your preauthorization, we will appeal the denial on your behalf after discharge, keeping you informed along the way.

There are many advocacy groups who assist patients with insurance reimbursement. Sibcy House does not have contractual relationships with these advocates, but we are always eager to work alongside them to assist with reimbursement.

One such non-profit is Cover My Mental Health, which has many resources available.



The National Alliance for Mental Illness, Mental Health America, and state Insurance Commissions are also resources available to individuals who are disputing their insurance coverage.