HILLSIDE®
ATLANTA | Healing and Hope for Children and Families

Dear Hillside Families:

The intent of this letter is to provide an overview of the insurance coverage and authorization process for Residential, Partial Hospitalization and Virtual Intensive Outpatient services. This is a general overview; some insurance providers may have unique processes, some of which may be complex. If you have an insurance plan that includes benefit coverage for behavioral health residential treatment, be aware that it is subject to your employer's coverage policy and the insurance plan's determination of medical necessity for treatment. Authorization does not guarantee eligibility or payment. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at the time of service.

Please keep in mind the following:

1. The decisions made by the health insurance provider about coverage, authorizations and patient financial responsibility may differ from the information the health insurance provider shares with Hillside.

2. Decisions regarding authorizations, eligibility for coverage and patient financial responsibility are solely at the discretion of the health insurance provider.

3. While Hillside will advocate on behalf of the client, the client's family is ultimately responsible for paying the amount the health insurance provider determines to be the patient's financial responsibility.

Pre-Certification and Initial Authorization

Once a child has been clinically approved for admission to Hillside and a potential admission date has been set, an admissions coordinator will work with your insurance provider to complete a precertification for admission authorization. Please note: if your insurance provider does not allow for Hillside to submit the precertification, our admissions staff will work with the acute facility or applicable outpatient program to complete this. Some insurance providers take a few days to return a disposition; our admissions staff will let you know as soon as a response is received.

If your insurer authorizes admission, they will specify the number of days they have approved. Initial approval is often for 7 days, based on medical necessity determined by your child's behaviors and clinical presentation while in treatment.

Concurrent Review

1. At the end of the initial authorization period, a Hillside Utilization Review Coordinator will review your child's behaviors, therapies, medication regimen and response, and discharge planning with your insurer. This is called a concurrent review and is completed by our Utilization Review Department.

2. If your insurer determines that your child meets criteria for continued treatment, they will communicate to Hillside the number of additional days they have authorized.

3. The review process will continue like this throughout your child's stay at Hillside.

Peer Review Process

1. At some point in the utilization review process, your insurer may determine that your child no longer meets criteria for continued treatment and can be stepped down to a lower level of care.

2. If we believe that there is additional information that could change that determination, we will schedule a peer review with your insurer. During a peer review, your child's Hillside psychiatrist, nurse practitioner and/or therapist will review your child's current functioning, medications, therapies, etc., with your insurer's psychiatrist (please note that some insurance companies use a third party/outside company to complete peer reviews).

3. Based on this review, additional days may be authorized.

4. If additional days are not authorized, your insurer will deny additional authorization for continued days of treatment at Hillside. You will be notified of your insurer's decision to end their authorization of your child's treatment at Hillside.

5. You will be responsible for pre-paying Hillside's established self-pay rate for any services to be provided after the last day authorized by your insurer. If the insurer reverses their initial decision and retroactively authorizes services they had previously denied, Hillside will reimburse you for any difference in cost.

6. In the event your insurer denies continued treatment, one of Hillside's Financial Counselors will advise you of the cost of continuing care and collect payment from you at that time.

Options for Continued Treatment or Discharge

If your child is denied additional authorized services at their current level of care, Hillside will assist you in one of the following three options:

1. You may continue your child's treatment at Hillside at their current level of care with a self-pay arrangement at the established self-pay rate. If you choose this option, you will be required to pre-pay the cost of the estimated number of days of additional treatment.

2. Your child may be referred to a higher level of care by the Hillside treatment team, if the team assesses an acute safety risk to self and/or others.

3. Your child can be stepped down to a lower level of care. Hillside provides community-based services that can be considered, if appropriate.

Other options may be explored, as none of the above options are a guarantee.
As a consumer, you may disagree with your insurance company's final determination. If this is the case, we recommend you contact your insurance provider to discuss your rights. You can also express your concerns to your employer's benefits office and/or the Georgia Insurance Commissioner's Office.

Payment for Services

Hillside requires a deposit payment prior to admission which will include all applicable deductible, co-insurance and co-pay charges that are part of your responsibility as the financial guarantor. The following deposits are required depending on the program that your child is receiving services in:

- 45 calendar days for Residential Program
- 30 program days for Day Program
- 24 program days for Virtual Intensive Outpatient Program

Additional payments will be collected if additional patient responsibility is indicated by your insurance provider. Typical reasons for this include your child staying longer than the initial number of projected

days; your child transitions to another Hillside program; your insurance provider assesses additional charges for professional fees; the initial estimate provided by your insurance provider was not accurate.

We hope this letter has provided you with a better understanding of the insurance coverage and authorization process. Please do not hesitate to reach out with any questions.

Sincerely,

Your Hillside Team

Additional Information:
Here is some additional information about Insurance Appeals, Parity and Advocacy:

Insurance Appeals
Parity Complaints with NAMI
How to file a Consumer Insurance Complaint

*Hillside's Community Programs and Intensive In-Home Therapy Program have different insurance practices and these can be explained by communication with an Admissions Coordinator.