

### ***1. Who is SJ Health Insurance Advocates?***

SJ Health Insurance Advocates, LLC (SJHIA) is a New Jersey based company that specializes in behavioral health insurance authorization and claims management. Bridge House provides the option of utilizing insurance services through SJHIA to help patients obtain reimbursement for treatment. You may visit their website at [www.sjhia.com](http://www.sjhia.com).

Bridge House will provide all required information to SJHIA in order to utilize insurance benefits. In turn, SJHIA will verify and communicate to Patient such information as whether Patient has coverage for treatment, whether such coverage includes out-of-network providers, plan deductible and out of pocket limits.

### ***2. Will SJHIA answer my questions about insurance benefits and authorizations?***

We strongly encourage you to contact SJHIA upon enrollment to discuss your specific insurance coverage. A consultation with SJHIA will provide answers to the many questions that arise regarding insurance benefits, along with advice on what approach will best serve the Patient. To contact SJHIA, please call: (973) 740-0023. Tell them that you are calling about Bridge House.

### ***3. What happens if services are approved?***

SJHIA will contact the Patient's insurance carrier within the first 24-48 hours of admission. If Residential Treatment (RTC) services are approved, SJHIA will provide that information to Bridge House and the names listed on the SJHIA agreement. SJHIA will also continue to work with the Bridge House and the Patient's insurance company to complete ongoing reviews (typically every 3-7 days for Residential treatment). SJHIA will continue to complete the authorization process until: a) services are denied; or b) the Patient is discharged.

In addition to obtaining insurance authorization, SJHIA manages the claim submission for services rendered. Specifically, SJHIA will submit claims for authorized services, at the daily rate, to the Patient's insurance carrier on a weekly basis. Please note that it may take a minimum of thirty (30) days for the Patient's insurance carrier to process each claim received, with a slightly longer turnaround for the first claim submitted.

### ***4. What happens if services are denied?***

If/when services are denied, SJHIA will complete a Provider appeal, which is called a "doc-to-doc" or "peer review." This process entails SJHIA reviewing information about the Patient with the insurance carrier's doctor to further advocate for authorization of services. At that time, treatment will either be approved and reviews will continue; or treatment will be denied, and no further reviews will take place. SJHIA will communicate with Bridge House regarding any denial.

### ***5. Will SJHIA continue to appeal for coverage and reimbursement?***

SJHIA will not continue to appeal for services following a denial on a "doc-to-doc" review. If you are interested in discussing your member appeal options, you can feel free to contact SJHIA for additional information or guidance.

## 6. When can I expect to receive payment for services?

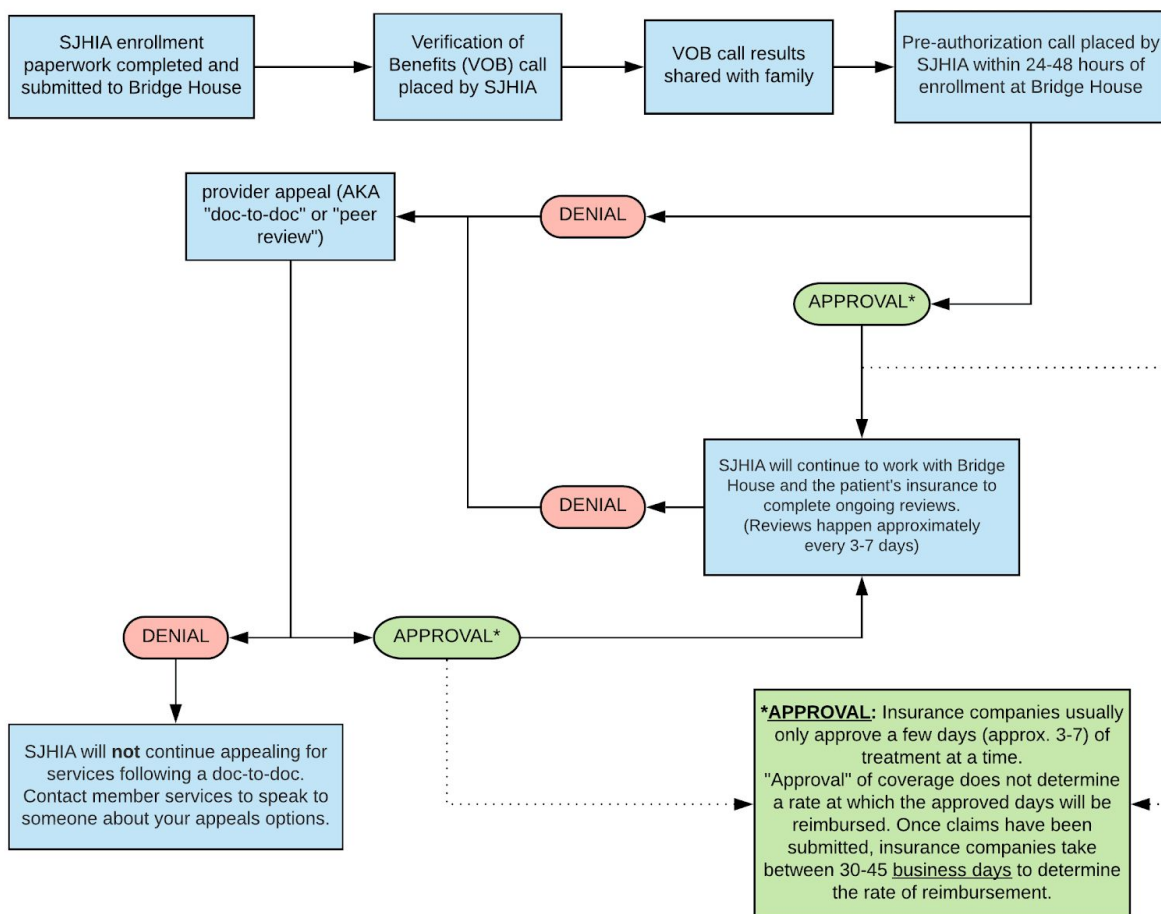
Bridge House is an out-of-network provider, thus claims often take slightly longer to be processed. As mentioned above, claims can take approximately thirty (30) days to process, with often longer turnaround time for the first set of claims submitted.

It is also important to note that insurance companies can request additional information from SJHIA and Bridge House before processing claims. This may include requesting medical records for review. This process may result in a delayed processing time and/or a decision to not pay out the claim. If this is the case, SJHIA will communicate that information to Bridge House.

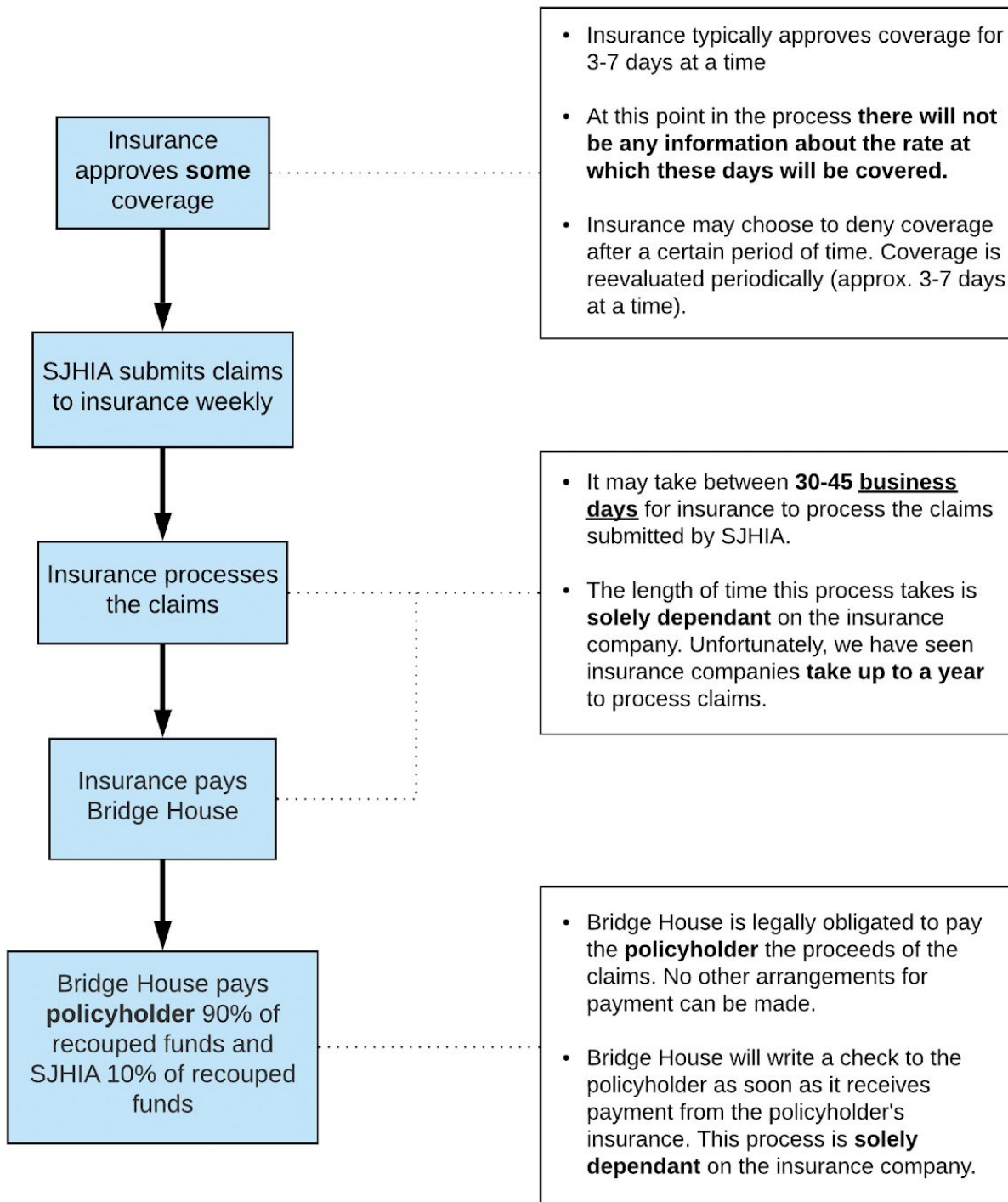
## 7. Is there a way to determine how much money I will receive back if claims are approved?

SJHIA can provide some guidance around your reimbursement based upon your specific policy and the typical allowed amounts. Please feel free to reach out to SJHIA to discuss your individual case. You will receive 90% of all funds that are recovered from this process. SJHIA will retain 10% of all funds.

### Overview of the SJHIA Process



## After some coverage has been approved:



## Frequently asked questions by families once insurance has approved some coverage:

### **1. How quickly will claims be submitted to the insurance?**

Claims are submitted by SJHIA on a weekly basis.

### **2. Once claims are submitted to the insurance, how long should it take before I hear from the insurance?**

The insurance companies ask that we allow **30 to 45 business days** (with a slightly longer turnaround for the first claim submitted) for the claims to process. Every insurance company is different and the amount of time it takes to process these claims is **solely dependent on the insurance company**. Neither Bridge House nor SJHIA has any control over how long this process takes.

### **3. How much reimbursement do policyholders typically receive?**

Reimbursement is based on two factors:

- 1) how many days are approved,
- 2) the rate at which those days are reimbursed.

When insurance companies reimburse policyholders for out-of-network services, they determine the rate at which they are willing to reimburse for these services. That rate can sometimes be a fraction of Bridge House's daily rate. For example, out of a 90-day stay, an insurance company may choose to cover 17 days at a rate of \$400/day, equating to a total reimbursement of \$6,800. We have found that rates of reimbursement are often very unpredictable and vary greatly. Please feel free to reach out to an SJHIA representative to discuss treatment coverage in more detail if you have any questions.

### **4. When the insurance proceeds are paid to Bridge House, how long before the 90% is paid to the policyholder?**

- After Bridge House receives the insurance proceeds and compares that with the statement from SJHIA, confirming the total insurance proceeds and the 10% owed to SJHIA, a check for the 90% will be sent to the name and address on the insurance card.
- This process can take between a month and a year, depending on a number of variables, including whether or not the claims were processed correctly in the first place.

### **5. Will claims be submitted for dates of service that were not authorized?**

No. SJHIA only submits claims for dates of service authorized by the insurance.

### **6. Where and to whom will the insurance proceeds be paid?**

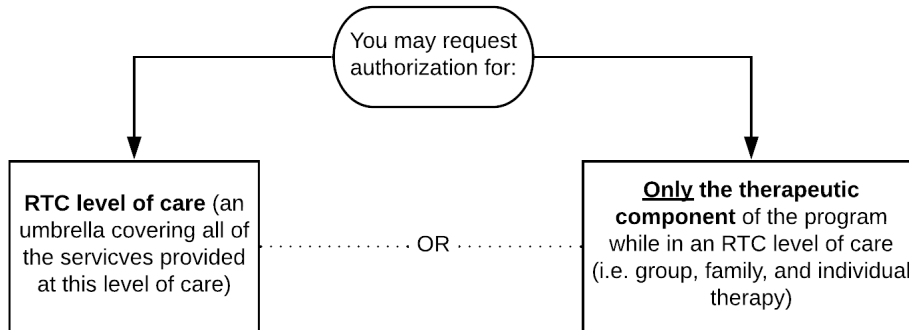
The insurance proceeds are paid out to Bridge House. Bridge House will then pay 90% of the proceeds collected to the name and address found on the insurance card.

### **7. Who will the check be made out to for the 90% insurance proceeds?**

The check for 90% of the insurance proceeds will be made out to the **policyholder** (the person whose name and address are found on the insurance card). This is non-negotiable and Bridge House is legally obligated to make check for the insurance proceeds out to the policyholder.

## 8. What are my options for the dates the insurance did not approve/pay for?

When submitting a request for insurance coverage within Residential Treatment Center (RTC) level of care, you may choose **one** of two options:



You may appeal **OR** request that a list of billable services be submitted to the insurance to see if the insurance will cover the individual services received at Bridge House rather than the overall daily rate which was requested and denied. You cannot submit an itemized list of billable services as well as appeal.

This is because when seeking authorization to submit for the therapeutic component of the program while in RTC, the question to the insurance carrier is "Patient X is currently in treatment at Bridge House at the RTC level of care. While in treatment, patient will be receiving group, family and individual therapy. While we understand there is no guarantee of reimbursement, may we file claims for such therapy?"

**The insurance carrier will not authorize the above and at the same time potentially authorize RTC level of care.** If a patient is not yet ready to seek reimbursement for therapy, then, while the patient is in treatment, the patient can proceed with an expedited appeal. The expedited appeal is a 72 hour review period at each level of appeal. This is the best course of action to address patient concerns.

**Note:** If a patient does both and "wins" both, there will then be recoument and it will get very messy for all parties.

## 9. Who can help with the appeal?

SJHIA, an attorney, or other third party

## 10. Can the policyholder submit the appeal on their own?

Yes. **However it is not recommended.** Please be aware of the following before choosing to appeal on your own:

- The insurance will request specific forms to be filled out that you will need to get from your insurance.
- The insurance will require all related clinical notes. Bridge House can supply these to the requesting party as long as the Resident has signed an appropriate release. Bridge House **cannot** submit these records directly to the insurance.

- Bridge House does not submit claims, so if the appeal is approved, the claims will need to be submitted by SJHIA and the 10% fee will be applied for anything the insurance pays out.
- **Bridge House does not do coding.** This is one of the main reasons Bridge House utilizes SJHIA. If a family chooses to not utilize SJHIA and tries to submit claims on their own, the insurance will not have the codes needed to process the claims.