

Insurance Companies

Sutton Place & Our Clinical Staff are contracted with the following Insurance Companies:

Access Health System Medicaid Reform
Aetna
Blue Cross Blue Shield of Florida
CIGNA
CMS / Ped-I-Care
Florida Medicaid
Florida Medicare Part B
Healthcare Healthy Kids
Lifesynch
Magellan Medicaid HMO (Child Welfare)
Tricare
United Healthcare
United Healthcare Medicaid Reform

What to expect from your insurance?

It is very important for patients to understand what to expect from their insurance carrier prior to and upon admission.

For many patients, accessing insurance benefits for Outpatient Mental Health or Outpatient Substance Abuse is the most frustrating aspect of the admission process. At Sutton Place, we will do everything we can do to assist the patient in securing appropriate benefits for the services we provide. We will:

- Contact the insurance provider to verify eligibility and available benefits
- Contact the insurance provider to verify out-of-pocket patient expenses, such as copayments, coinsurances and annual deductibles.
- Complete any necessary pre-authorization process required by your insurance company.
- File all of the appropriate documentation to claim payment for your care
- Work with our physicians and medical staff to make phone calls on your behalf to discuss your diagnosis.

Unfortunately, we are aware of many instances where the insurance benefits that are offered through the employer or self insured policy may not cover all of the services offered at Sutton Place. Our treatment team will make specific recommendations for your care based on healthcare experience, not your insurance benefit. We encourage patients to not rely on insurance benefits to determine the best care.

If a service is requested or recommended that is non-covered by your insurance plan, we will notify you of this and any applicable fees and have you sign a Non-Covered Service Waiver.

Like any other hospital or physician's office, the patient is ultimately responsible for the costs of treatment at Sutton Place.

Many patients see treatment as a significant investment in their future and make the decision to self-pay. This allows the ultimate flexibility in accessing the most appropriate programs for the patient and their family.

Frequently Asked Questions Related to Financial Services and Insurance

1. **I don't understand. I have good benefits...why isn't this covered?**

Insurance companies ask two questions when a call is made to access services:

One: Is there an available benefit for this type of service and

Two: Is it medically necessary?

If the answer to either of these questions is "no" then the insurance company will usually deny payment. If denied, you may contact your insurance company and request an appeal to their decision. The number to call is on your insurance card or is located on your member rights and responsibilities brochure supplied to you by your employer or insurance company.

For more information on what your insurance company determines is medically necessary, please go to the website on your insurance card. Please keep in mind, they will differentiate between and mental health and substance abuse conditions. Be sure to check under each area.

2. **What constitutes a medical necessity? Who determines if my treatment is medically necessary?**

Your insurance company looks at this term globally whereas Sutton Place looks at it from an individual stand-point. Your insurance company has its own clinical criteria for inpatient, residential and outpatient services. This is a guide used by your insurance to define medical necessity based on diagnosis.

At Sutton Place each patient has a treatment team which takes a holistic approach to your care. It is possible that you do not meet the global insurance medical necessity criteria; however, due to your individual situation your treatment team will recommend specific services.

3. **My insurance card says one insurance but when I call, it's a different number for mental health.**

Health Insurance providers often use another contracted company for mental health and substance abuse services. These companies, known as carve-outs, are behavioral health organizations (BHO) contracted with the health insurance company to manage your mental health services.

Also, we must determine if Sutton Place is covered by these carve-out behavioral health organizations. Just because we accept the main insurance, does not always mean that we are covered by the carve-out plan.

4. **What does Sutton Place do to assist me with my insurance?**

Sutton Place has contracted with several major insurance companies in the state of Florida and some national and international insurance plans. By contracting with your insurance company the patient will receive the benefit of using the in-network benefit of their policy. Sutton Place is contracted with major insurance companies to include Medicare, Florida Medicaid, Blue Cross Blue Shield, Aetna, CIGNA, United Healthcare, etc...If your health plan is not contracted, our admissions staff will work diligently to obtain authorization for Out-of-Network benefits. Your Out-of-Network benefits may require higher out of pocket costs.

5. **What is an authorization for Out-of-Network benefits?**

An authorization is a contract between your insurance company and Sutton Place specifically for your admission. Under an authorization, Sutton Place is then considered contracted and you use your out-of-network benefit for services.