

RESOURCE GUIDE FOR FLORIDIANS

PRIVATE INSURANCE COVERAGE FOR SUBSTANCE USE DISORDER

IMPORTANT NOTE

1. This is a resource concerning only private insurance coverage in Florida. This guide does not address appeals of government subsidized health insurance. Some information regarding such appeals is available at:
<https://www.healthcare.gov/marketplace-appeals/what-you-can-appeal/>
2. If you're looking for some information regarding providers of treatment, your insurer may have information, which is also available at:
<https://www.myfloridacfo.com/division/consumers/PurchasingInsurance/ACAIndividualCarrierList.htm>

STATE CONSUMER INSURANCE RESOURCES

1. Florida Department of Financial Services, Consumer Division
<https://apps.fldfs.com/ESERVICE/Default.aspx>
1-877-MY-CFO
Consumer.Services@myfloridacfo.com
2. Florida Department of Children and Families
www.myflfamilies.com/
3. Maximus Federal Services, Insurance External Reviews
www.externalappeal.com
888-866-6205 ext. 3326
Maximus Federal Services conducts the external review process for instance appeals by Floridians. They can help with the process and answer any questions.
4. United Way of Florida
<https://www.unitedway.org/local/united-states/florida>
United Way of Florida connects residents to critical health and social services.

NATIONAL INSURANCE RESOURCES

1. CoverageRights.org
This site provides a valuable overview of the insurance appeals process, the steps required, and the information necessary to complete the appeals process.
2. Substance Abuse and Mental Health Services Administration (SAMHSA)
<https://www.samhsa.gov/disorders/substance-use>
This site provides general resources and articles detailing all the aspects of substance use disorder that may prove difficult to handle.

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HOW AN APPEAL WORKS

- 1. What is an internal appeal?** If your claim is denied or your coverage cancelled, you have the right to an internal appeal. During an internal appeal, you may ask your insurance company to conduct a full and fair review of its determination.
- 2. Who can request an internal appeal?** Any person who had their claim denied may request an internal appeal.
- 3. What kinds of claims can be appealed?**
Appeals apply to medical claims from a hospital, worker's compensation from their employer's insurance, as well as other similar claims.

TIMEFRAME FOR APPEALS

- 1. Step 1:**
You are notified your coverage has been denied. Hold onto and file all paperwork and medical records about the denied claim including the denial letter and the explanation of benefits, as it will be needed for the appeal process. Check your insurance manual for your time to appeal. Most providers have a timeframe of 90 days, but it can vary from provider to provider.
- 2. Step 2:**
Call the number on the back of your member card. If you cannot find that, call the customer service number on your provider's website.
- 3. Step 3:**
Provide the insurance company with necessary information about the claim for review. The insurer will inform you what information they need.
- 4. Step 4:**
Wait. In Florida, insurers have 45 days to respond to your new claim. The appeal must be completed within 90 days. If the insurer does not finalize within 120 days, the insurer is required to provide complete payment for your claim.
- 5. Step 5:**
If your appeal fails, it can be raised to a second and third level of appeal. Repeat this process if the appeal failed.
- 6. Step 6:**
At this point, you can apply for an external appeal. Here, the federal government reviews your claim and makes the final decision. Expedited forms of review will speed up the process.