SINGLE CASE AGREEMENTS (SCA)

What is a SCA?

A Single Case Agreement (SCA) is a one-time contract between an insurance company and an out-of-network provider so the patient can see that provider using their in-network benefits. It is essentially an exception to the network so that the patient will only have to pay their routine in-network co-pays for sessions after meeting their in-network deductible (if any). The fee per session that will be paid by the insurance company is negotiated by the insurance company and the provider as part of the SCA.

SCA can be justified when:

- The outpatient provider/treatment program has a clinical specialty, which is not available among any in-network provider
- The in-network provider does not treat people of your age, gender, or religious preference
- The geographical location of the patient does not have any in-network providers
- A patient who has recently changed their insurance plan or is stepping down to a different level of care at the same facility (continuity of care)
- All in-network providers are full and have no availability
- There is proof that the available in-network providers are inappropriate or would cause harm (e.g. the patient is transgender and they need a provider with expertise in transgender expertise)
- If a plan does have out-of-network benefits, the deductible, out-of-pocket max, and/or co-pay may be too costly financially
- SCAs can be obtained and are often needed Medicaid plans, when there are often no in-network options and no out-of-network benefits are available. This is especially common in Medicaid plans when residential level-of-care is being requested
- SCAs are possible for some Medicare plans, but it may be more difficult to obtain a SCA with Medicare than private plans or Medicaid plans – the best first step to request a SCA for Medicaid and Medicare is to request a behavioral health case manager (or Medicaid/Medicare may refer to case manager as case coordinators)

How do I set up a SCA?

SCAs are typically negotiated directly between your healthcare provider and your insurance company. When you first reach out to your healthcare provider for treatment, you can ask them whether they would be willing to negotiate a SCA with your insurance company. Be prepared to provide details about your medical history and whether you have received eating disorder treatment in the past. The stronger your case is that your chosen provider is the best care for you, the more likely your insurance company will agree to a SCA.
How long does a SCA last?

SCAs typically last for the length of your treatment. However, if you complete treatment with your provider and decide to resume treatment at a later date, you would need to negotiate a new SCA with your insurance company.

Steps to Set Up and Advocate for a SCA:

- Start by contacting member services at your insurance company (behavioral/mental health number will often be on the back of your insurance card) to request a list of in-network (INN) providers/treatment facilities that specialize in eating disorders.

- If there are no INN providers available, ask if you have out-of-network benefits. Many insurance plans do not have out-of-network benefits. In this case, ask who you can speak to to determine if a single case agreement is possible. Inform them you have “exhausted all resources” and “there are no known residential eating disorder facilities INN” with your plan that meets _________ needs.

- When speaking with your insurance company, ask to be assigned a behavioral health case manager, if you do not already have one. This is a free enrollment, and your case manager will be your advocate from inside the insurance company, helping connect you to INN resources. Your case manager will be your point of contact at the insurance company. Tell the representative on the call this is urgent and contingent on you finding immediate treatment – this will hopefully lead to them getting back to you sooner rather than later. If you haven’t heard back in 1-2 weeks, do not be afraid to call back and be a squeaky wheel!

- If you do not have INN providers that meet your needs, research and call eating disorder treatment admissions to ask if they will work with your insurance by requesting a SCA. This will often vary by plan, and certain facilities will not work with Medicaid. Start with in-state or closer-by facilities, if possible – these are sometimes more likely to be approved for a SCA.

- Once you find a treatment center willing to work with your insurance, they will guide you through next steps in the process to be assessed and request the SCA.

- If you have outpatient providers (therapist/dietician/psychiatrist/PCP), it may be helpful to have them communicate with the treatment center to provide more rationale for your recommendation to a higher level of care and the need for a SCA. This may be helpful in gathering more information for insurance to meet “medical necessity criteria” for a SCA.