



# Verification of Benefits Matters in Behavioral Health



In healthcare—particularly in mental and behavioral health services—verification of benefits (VOB) is more than an administrative task. It’s a safeguard ensuring accurate payment, transparency for patients and proper alignment between care and patient coverage. Understanding this vital process can influence providers, payers and, most importantly, patients—often during moments of personal crisis.

This is what you need to know:

## 1. Accurate verification of benefits impacts reimbursement.

The primary role of verification of benefits is to ensure the correct services are covered under the correct plan. Errors in plan specificity—such as confusing one insurance plan with another—can result in nonpayment. Facilities risk losing hundreds of thousands of dollars if patients are treated without confirming exact coverage requirements.

## 2. Transparent verification of benefits improves patient coverage.

Patients need clear, upfront information about their financial responsibility. This includes whether they are in-network or out-of-network, what portion of services will be



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covered and whether treatment authorization is required. Without this clarity, patients may face unexpected bills or treatment disruptions.

## 3. There are payer-specific rules for insurance eligibility.

The benefit verification process isn’t just about confirming insurance eligibility—it’s about understanding payer requirements. This includes billing guidelines, required licenses, staffing qualifications and clinical credentials. For example, some substance



abuse treatment programs must verify if a payer mandates a 24/7 on-site physician or particular staff certifications.

#### 4. Medicaid and state-level coverage rules have to be navigated with care.

Working with government funded programs such as Medicaid adds layers of complexity. Each state has its own behavioral health insurance guidelines, and verification of benefits must often be repeated monthly to confirm ongoing coverage and avoid retroactive denials.

#### 5. Timing can be critical for verification of benefits in behavioral health admissions.

In behavioral health and addiction treatment, patients typically seek care in urgent, high-stakes situations. Facilities may need to complete verification of benefits within an hour to avoid delays in admission. A slow verification process risks losing the patient to another provider or worse, delaying or denying critical treatment.



#### 6. There can be risks to providers, patients and payers from inaccurate or delayed verification of benefits and patient coverage.

- **For providers:** Treating patients without reimbursement, straining operational budgets and disrupting cash flow
- **For patients:** Abrupt treatment termination, even for those in residential programs—jeopardizing recovery
- **For payers:** Fraud, non-compliance and inappropriate allocation of care resources

### Best practices can strengthen verification of benefits in behavioral health



**Build strong payer relationships and understand payer requirements:** Maintain direct communication with payers to uncover updates that may not be publicly posted; understanding payer requirements is key to compliant and accurate billing.



**Use checklists and track insurance eligibility regularly:** Tailored checklists help ensure no detail is missed—especially with Medicaid; Medicaid re-verification on a monthly basis protects against coverage gaps.



**Hire experienced teams to manage complex behavioral health insurance rules:** Trained staff can manage complicated benefit verification process requirements avoiding errors and speeding up admissions.

## Prioritizing verification of benefits supports better health outcomes

The verification of benefits is a critical process that protects providers, patients and payers. It ensures treatment plans are financially viable, coverage rules are followed and services are delivered without administrative surprises. Most importantly, accurate and timely verification of benefits safeguards patients from unexpected disruptions in care allowing treatment to stay focused where it matters most—achieving the best possible health outcome.



Explore behavioral health strategies for clearer patient access.



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