

MACSIS Sliding Fee Scale

BASED ON MONTHLY INCOME

Exhibit D



EFFECTIVE 07/01/2013

267% Poverty

235% Poverty

202% Poverty

170% Poverty

Based on 138% Poverty

9

300% Poverty

Rider Code	9		A		D		H		K		P		T	
	From	Thru	From	Thru	From	Thru	From	Thru	From	Thru	From	Thru	From	Thru
Copay	\$0.00		\$1.00		\$5.00		\$10.00		\$15.00		\$20.00			
Family Size														
1	\$0	\$1,246	\$1,247	\$1,629	\$1,630	\$1,935	\$1,936	\$2,251	\$2,252	\$2,558	\$2,559	\$2,874	\$2,875	& up
2	\$0	\$1,677	\$1,678	\$2,198	\$2,199	\$2,612	\$2,613	\$3,039	\$3,040	\$3,452	\$3,453	\$3,879	\$3,880	& up
3	\$0	\$2,106	\$2,107	\$2,768	\$2,769	\$3,289	\$3,290	\$3,826	\$3,827	\$4,347	\$4,348	\$4,884	\$4,885	& up
4	\$0	\$2,536	\$2,537	\$3,337	\$3,338	\$3,965	\$3,966	\$4,613	\$4,614	\$5,241	\$5,242	\$5,889	\$5,890	& up
5	\$0	\$2,967	\$2,968	\$3,907	\$3,908	\$4,642	\$4,643	\$5,400	\$5,401	\$6,136	\$6,137	\$6,894	\$6,895	& up
6	\$0	\$3,398	\$3,399	\$4,476	\$4,477	\$5,319	\$5,320	\$6,188	\$6,189	\$7,030	\$7,031	\$7,899	\$7,900	& up
7	\$0	\$3,828	\$3,829	\$5,046	\$5,047	\$5,995	\$5,996	\$6,975	\$6,976	\$7,925	\$7,926	\$8,904	\$8,905	& up
8	\$0	\$4,259	\$4,260	\$5,615	\$5,616	\$6,672	\$6,673	\$7,762	\$7,763	\$8,819	\$8,820	\$9,909	\$9,910	& up

SCIOTO PAINT VALLEY MENTAL HEALTH CENTER

Scioto Paint Valley Mental Health Center
Policy and Procedure Manual

AGENCY PROCEDURE

**03 - 05 - 09 CLIENT RESPONSIBILITY DETERMINATION
AND RESIDUAL BILLING PHILOSOPHY**

Effective Date: December 1, 2008
Review Date: 2018, 2015- 2012, 2009, 2008
Revision Date: October 23, 2018, May 14, 2015
Approved By: Executive Director

DIRECTIVE: To define and identify client fees and responsibility for services as defined by payors.

DEFINITION OF TERMS:

1. **“Board Subsidized”:** based on income and family size:

 Fully Board Subsidized-those clients whose family size and income indicates receipt of full board subsidy. (This term includes “Title XX”)

 Partially Board Subsidized-those clients whose family size and income allow some Board subsidy but not 100%.
2. **“Board Subsidy Fee”:** The board subsidy fee is the difference between the UCC Billing rate and the amount of subsidy the client is eligible for based on income and family size. The client is expected to pay this fee at each visit.
3. **“Board Fully Subsidized Services”:** The following services are fully subsidized (no Board Subsidy Fee will be deducted) by the PVADAMH Board as long as the client is eligible for at least some subsidy.

 MH Crisis Intervention, Partial Hospitalization, AoD Case Management
 AoD Crisis Intervention, and Individual and Group Community Support
4. **“Self-Pay”:** Clients whose income and family size fall outside the subsidy schedule or are from another Board area and therefore receive no subsidy and are expected to pay the full UCC Billing rate.

5. **“Medicaid”:**

Non Spend-down-Clients whose Medicaid pays for services without responsibility for a spend-down.

Spend-down-Clients who become eligible for Medicaid only after they have incurred a monthly payment responsibility (which may be paid via subsidy from the Board).

6. **“Insured/Managed Care”:** Any third party payor, includes Medicare.
7. **“Deductible”:** an amount a person must pay for healthcare services before beginning to receive benefit from his/her insurance company.
8. **“Co-Pay”:** a fixed charge that an individual’s insurance company expects him/her to pay at each visit.
9. **“Co-Insurance”:** a percentage of healthcare expenses which an individual is expected to pay after s/he has met the deductible for his/her coverage.
10. **“Dual Eligible Clients”:** Clients who are eligible for and covered by multiple payors.

Medicare/Medicaid – The client has no responsibility as long as they are covered by full (non-spend-down) Medicaid. Spend-down clients will be billed per EOB’s until spend-down is met.

Insurance/Medicaid – The client has no responsibility as long as they are covered by full (non-spend-down) Medicaid. Spend-down clients will be billed per EOB’s until spend-down is met.

Medicare/Insurance - Clients will be billed any residual amount due after all third party payors entered into the billing system have responded to claims submitted.

Multiple Insurance – Clients will be billed any residual amount due after all insurance payors entered into the billing system have responded to claims submitted.

PROCEDURE:

1. For clients eligible for subsidy assistance, the Center will collect one (1) Board Subsidy Fee per day, at time of service, regardless of number of services received.
2. Clients are responsible for all co-pays, co-insurance and deductibles assessed by the third party payor for all services received. At the time of service, the Center

will collect at least one co-pay or a portion of the anticipated co-insurance/ deductible. Additional co-pays may be collected at time of service.

3. The Center will bill the Insurance Company and Medicare for eligible services based on service codes entered into the billing system. When Explanation of Benefits (EOB's) are received from payor, all uncollected co-pays, co-insurances and deductibles will be billed to the client. Clients will be expected to pay balances from statements received. Note: multiple services on the same day may result in multiple charges using different CPT codes and increased client responsibility.
4. For Nurse Med-Som services: If a client who has Medicaid or is eligible for Board Subsidized services receives a nurse med-som service that is 7 minutes or less that service is not billable and there should be no board subsidy fee charged to the client. At 8 minutes the service becomes billable and a board subsidy fee is required. If the client has insurance or Medicare then the service is billed as a per session service, it is not time based, and the client is required to pay their defined co-pay, co-insurance or deductible. The service will not be written off if the payor states that there is a client responsibility associated with the billed service.
5. Co-pays and Board Subsidy Fees *must* be set up in the client eligibility portion of the billing system by the clerical staff at each clinic.
6. *All* clients *must* be checked in at the front desk by clerical staff before the service is rendered. Every effort must be made to collect the board subsidized fee or co-pay from the client at that time. All third party information needs to be reviewed with the client at each visit to ensure we have accurate insurance information for billing on file.
7. Clients will not be expected to pay for phone calls. Monthly write offs will occur to remove client responsibility for these services. These services will be billed however to Medicaid and the Board.
8. Subsidy eligibility is disregarded for clients who are covered by Medicare or Insurance and receive a service covered by the third party payor (eligible services are Med-Som, MH and AoD Assessments, MH and AoD Individual and Group Counseling); client will be responsible for the amount determined by the third party payor. These clients will *not* receive subsidy assistance for the covered services.
9. Clients who are covered by Medicare or Insurance and receive a service that is not covered by that payor
 - a. *AND* are eligible for board subsidized services will have the services billed to the board.
 - b. *AND* are not eligible for board subsidized services will be billed and expected to pay full fee for those services.

RESPONSIBILITIES

Chief Financial Officer: The CFO will ensure implementation and compliance of the Procedure.

Accounts Receivable Manager: The Accounts Receivable Manager is responsible for ensuring that the A/R/Billing staff following the proper billings and write offs as discussed in the Procedure.

Accounts Receivable Specialist: The Accounts Receivable Specialists are responsible for correctly billing the clients for amounts reported on the EOB's and for writing off phone calls charged to self-pay clients.

Clinic Directors: Clinic Directors are responsible for ensuring that their clinic is in compliance with the Procedure.

Clerical Coordinator and staff: Clerical Coordinator and staff are responsible for determining a client's payors, establishing Board Subsidy Fee, identifying, communicating and collecting daily fees and payment expectations to clients.

Clinicians: Clinicians are responsible for addressing the issues of non-payment with the client.