NORTH SUFFOLK MENTAL HEALTH ASSOCIATION, INC.
Policy and Procedure

Policy Name: Sliding Fee Schedule	**Original Date: 1/19/2007**
Policy #:FIN 17	**Current Review: 09/24/2020**
Prepared By: Judi Lemoine, R. N., Chief Operating Officer, Sandra Heath, Director of Compliance and Quality Management	**Revision #: 4**
Approved By: Jackie K. Moore, Ph. D., Chief Executive Officer	**Effective Date: 2/1/ 2013**

A. STATEMENT AND PURPOSE OF POLICY:

Federal requirements prescribe that a locally determined discounted/sliding fee schedule be used for all without insurance seeking services and that services be provided either at no fee or a nominal fee as determined by the provider. Such a fee schedule addresses how to equitably charge clients without insurance for services rendered. Discounted/sliding fees are made available to those individuals not eligible for insurance coverage through MassHealth or Connector Plans. Clients must provide documentation of their application for health insurance coverage and or denial letter. If needed clients will be assisted with the application process. Sliding Scale fees are based on current federal poverty guidelines; client eligibility is determined by annual income and family size. As such, these schedules are set to ensure that a non-discriminatory, uniform and reasonable charge is evenly and consistently applied. This is done by discounting the Usual and Customary rate for services based on income and family size using the MassHealth Income Standards and Federal Poverty Level Guidelines-See Attachment (4). The discounted/sliding fee schedule is applied only to amounts assessed to clients with no insurance coverage. Billing for third party coverage, i.e. Medicare, Medicaid, private insurance carriers, etc. is set at the usual and customary full charge.

Client fees are defined as:

- fees charged for services for clients who have no insurance (including no Medicaid or Medicare or access to other State-funded payer-of-last-resort funds);
- co-pays and deductibles required by Medicare or private insurance;
- Fees due to insurance benefit exhaustion that have been set and agreed to be paid by the client or responsible party according to the Agency's fee scale.

In order to ensure that the Agency plans and conducts all client financial assessments properly and fairly, NSMHA will comply with all pertinent laws and regulations, including:

- Department of Public Health (DPH)/Bureau of Substance Abuse Services (BSAS) Payer of Last Resort Policy (effective 7/1/10)
- Chapter 58 of the Acts of 2006 – "An Act Providing Access to Affordable, Quality, Accountable Health Care"
- Massachusetts Regulation 114.3 CMR 46.00 Rates for Certain Substance Abuse Programs

B. SCOPE:

This policy applies to all Ambulatory Care service programs and service departments (Records and Reception, Accounts Receivable) of the Agency, to all individuals and communities served by those programs, and to all staff, contract employees and volunteers working in those programs.

C. ADMINISTRATION:

This policy and accompanying procedures are implemented by Ambulatory Senior Managers (Program Directors), and Financial Operations Managers under the direction of the Chief Executive Officer and Chief Operating Officer.

D. PROCEDURE:

This Client Financial Assessment Policy is designed for clients with no insurance (including no Medicaid or Medicare or access to other State-funded payer-of-last-resort funds); co-pays and/or deductibles required by Medicare or private insurance; any fees due to insurance benefit exhaustion that have been set and agreed to be paid by the client or responsible party according to the Agency's private payment schedule. Where another adult is defined as the "responsible party" for financial obligations, this policy and procedure refers to the responsible party where it indicates "client".

Insurance coverage, method of payment and party responsible for payment of deductibles, co-pays, and/or private fees and the amounts of payments are determined prior to every client's initial evaluation visit. This information is gathered by Central Intake. If the client is seeking substance use, abuse or addiction treatment and is a Massachusetts resident, the intake staff in collaboration with Accounts Receivable staff will conduct an Agency Client Financial Assessment Attachment (1) and the DPH/BSAS contract is utilized, a copay is assessed using the Masshealth Income Standards and Federal Poverty Guidelines Attachment (4), and corresponding fees Attachment (2). The client must provide family income documentation to intake or front desk staff. Acceptable sources of family income documentation are but are not limited to the following: 1 month of salary wage stubs, 1 month of unemployment check stubs, 1 month social security check stub, and 1 month disability check stub, copy of bankruptcy notice or a letter (signed by client & preferably notarized) citing client & spouse have no income. A copy of income tax statement cannot be used exclusively, as it represents income earned in the prior year and not current information; however, it can be used to provide proof of the number of dependents. The client must provide proof of address with a copy of recent (within last 2 months) utility bill. The client's Financial Assessment is reviewed every 90 days to determine changes in fiscal or income status in conjunction with updated individual treatment/recovery plans.

If the client has a mental health diagnosis and no insurance, the client will complete the Client Financial Assessment Form Attachment (1) with intake or front desk staff to determine financial eligibility for the discounted fee. Clients are charged based on income using the Masshealth Income Standards and Federal Poverty Guidelines in Attachment (4) and corresponding fees listed in Attachment (3). The discounted/sliding fee is applied equally, consistently, on a continuous basis to all recipients of each service location without regard to the particular practitioner that treats them. All potential clients are seen and/or screened regardless of ability to pay, and no client is refused services due to the inability to pay. Eligibility is determined for every clinic client regardless of site/location. Eligibility notice/information will be appropriately displayed at each clinic site. Clients that fall below the Masshealth Income Standards may be eligible for services through additional contracts or grant funding.

In addition to the Financial Assessment and determination of the client fee the Clinic Staff will provide the client with the necessary information to assist them in completing enrollment in eligible insurance coverage and assistance will be provided with the application process when needed.

If a client begins treatment with an identified insurance payer (or Medicaid, Medicare, private insurance, or a State payer), but the payer discontinues payment for any reason, the Accounts Receivable Department notifies front desk staff who in turn notifies the client and clinician (all communication via email to preserve a record). If the client and clinician agree in collaboration with the Clinical Manager that further treatment is needed, front desk staff are notified by the clinician, the front desk staff review the private pay fee schedule with the client, and the client signs an agreement to pay. If the client indicates that he/she is unable to pay, income documentation needed is forwarded to Accounts receivable staff, an Agency Client Financial Assessment is completed, as

indicated above, and a payment plan is established, in which established fees are paid at a rate which the client can afford.

If a client has not paid his/her co-pay, deductible or private pay fee in full for two visits, or his/her private pay fee in full at the first visit, the front desk staff interview the client and determines the reason for the client's non-compliance. The front desk staff inform the clinician if the client fails to provide appropriate income documentation prior to his/her next appointment. The front desk staff also inform the clinician if the client refuses to pay for co-pays, deductibles and approved Private Payment fees for reasons unrelated to financial ability.

Private pay fees, co-pays and deductibles cannot be waived. A payment plan can be developed to enable the client to continue treatment. The AR Department staff contacts the client and works out a payment plan for deductible and private payment fees. The client must agree to the payment plan and sign the Client Financial Assessment Form.

Should the client refuse to sign a payment plan or be non-compliant in payment of co-pays, deductibles and private pay fees after execution of the payment plan, the front desk staff notifies the treating clinician, Clinical Manager and AR via email.

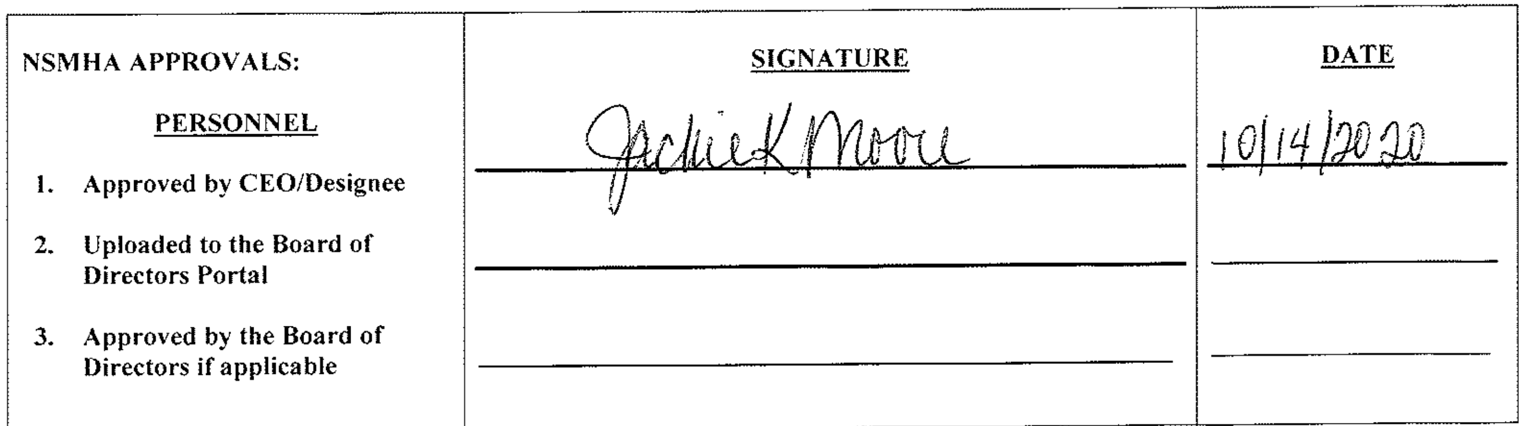
Any significant changes occurring in the client's clinical or financial status are communicated to appropriate parties, and the fee assessment is amended accordingly using the sliding fee scale.

E. DISTRIBUTION:
This Policy Procedure located on the NSMHA intranet and is distributed to all Senior Managers, Multi-Site Office Manager / FTC Office Manager and staff who have responsibility for Ambulatory Care Programs.

F. REVISIONS AND REVIEWS:
Revisions are conducted annually, as indicated above, under the direction of the CEO and Executive Team.

G. CROSS-REFERENCE RELEVANT POLICIES

H. ATTACHMENTS:
Client Financial Assessment Form
Sliding Fee Scale DPH (BSAS)
Private Pay Sliding Fee Scale
Masshealth Income Standards and Federal Poverty Guidelines



NSMHA APPROVALS:	SIGNATURE	DATE
PERSONNEL		
1. Approved by CEO/Designee	Jackie K Moore	10/14/2020
2. Uploaded to the Board of Directors Portal		
3. Approved by the Board of Directors if applicable		

ATTACHMENT #1

Client Financial Assessment Form

It is the intention of NSMHA to provide essential services regardless of the individual's ability to pay. Fee Schedule are based upon family income and size. Please complete the following information to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic, but not those services which are purchased from outside, including reference laboratory testing, drugs and other such services. In the hope that your financial situation improves, discounts apply only to current, not future services. This form will be evaluated at a minimum of every 90 days. Please inquire at the front desk if you have questions.

PREPARED BY OFFICE MANAGER:

CLIENT NAME: ____________________________________ **CLIENT #:** _____________

LOCATION: ____________________________________ **PROGRAM:** __________________

INCOME DOCUMENTATION:
(Client & spouse, if applicable)

- _____ **One Month-Salary Wage Stubs**
- _____ **One Month-Unemployment Check Stubs**
- _____ **One Month-Social Security Check Stub**
- _____ **One Month-Disability Check Stub**
- _____ **Bankruptcy Notice**
- _____ **Client Letter**
- _____ **Income Tax Statement **Year _____**
  (Only for documentation of dependents)

SPOUSE INCOME: _____ **Yes** _____ **No** **NUMBER OF DEPENDENTS:** _________

PROOF OF ADDRESS: _____ **Received**

CLIENT ADDRESS: ______________________________ **TELEPHONE:** _________________
(Not a PO Box)

____

____

COPY TO CLINICIAN (please list clinician name):

____

APPROVED BY: ___________________________ **PAYMENT PLAN AMOUNT: $** ___________
(Office manager) **(See payment plan schedule)**

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COMPLETED BY CLIENT:

I, ____, having provided accurate income documentation and address confirmation, accept the approved payment plan that was developed for payment of my co-pays, deductible and approved assessed fees. I agree to pay the payment plan amount of $ ____________________ at the time of visit. In understand that non-payment of this payment plan amount could result in the termination of treatment by my clinician.

CLIENT SIGNATURE: ____________________________________ **DATE:** _________

ATTACHMENT #2

Sliding Fee Scale for DPH/BSAS Contract Clients

Please note that the difference between the fee scale and the rate scale setting commission rates for individual and group counseling are billed to the Department of Public Health Contracts as indicated by the Payor of Last Resort Policy. The DPH rate for individual is $74.84 per clinical hour and $33.66 per group session. DPH WILL NOT be billed at NSMHA's customary rate, only up to Rate Setting Commission rates. Clients whose income places them at/above the rate setting commission rate are not eligible for DPH subsidy.

Fees Based on Masshealth Income Standards and Federal Poverty Guidelines	SUBSIDIZED EVALUATION AND INDIVIDUAL TREATMENT (Per Clinical Hour)	SUBSIDIZED GROUP TREATMENT (Charge if per Group Unit: 1.5 hour)
Less than 100% of Poverty Level	$5.00	$2.50
100% of Poverty Level	$10.00	$5.00
100-200% of Poverty Level	$25.00	$12.50
200-300% of Poverty Level	$40.00	$20.00
300-400% of Poverty Level	60	30
Over 400% of Poverty Level	74.84	33.66

ATTACHMENT 3

Private Pay Sliding Fee Scale

Private Pay Fee Payment Plan for Clients with no Insurance Coverage for Services Listed. Eligibility Requires Financial Assessment be completed

Clients that fall below the Masshealth Income Standards may be eligible for services through additional contracts or grant funding.

Internal Paysource #				8003	8004	8005	8006	8007	8008
Service Type	Service Code	Description	Usual & Customary Rate	Less than 100% of Masshealth Poverty Level Guidelines U&C Rate Discount 80%	100% of Masshealth Fed Poverty Level Guidelines U&C Rate Discount 70%	100-200% of Masshealth Fed Poverty Level Guidelines U&C Rate Discount 60%	200-300% of Masshealth Federal Poverty Level Guidelines U&C Rate Discount 50%	300%-400% of Masshealth Federal Poverty Level Guidelines U&C Rate Discount 40%	Over 400% of Masshealth Poverty Level Private Pay Fee U&C Rate Discount 30%
Diagnostic Services									
	DE	Psychiatric Diagnostic Interview (age 21 and over)	$205.00	$41.00	$61.50	$82.00	$102.50	$123.00	$143.50
Therapy Services									
Individual Therapy	IT30	Individual Therapy Brief 16-37 mins.	$90.00	$18.00	$27.00	$36.00	$45.00	$54.00	$63.00
	IT45	mins.	$125.00	$25.00	$37.50	$50.00	$62.50	$75.00	$87.50
	IT60	Individual Therapy Extended 53-60 mins.	$165.00	$33.00	$49.50	$66.00	$82.50	$99.00	$115.50
Consultation Services									
	CC	mins	$75.00	$15.00	$22.50	$30.00	$37.50	$45.00	$52.50
	FC	Family Consultation -Per 15 mins	$47.00	$9.40	$14.10	$18.80	$23.50	$28.20	$32.90
	CC1	mins	$27.00	$5.40	$8.10	$10.80	$13.50	$16.20	$18.90
	BC60	Inpatient Bridge Consult	$200.00	$40.00	$60.00	$80.00	$100.00	$120.00	$140.00
Family/Group Therapy									
	FT	Family Therapy (includes couples)	$150.00	$30.00	$45.00	$60.00	$75.00	$90.00	$105.00
	FTWO	Client	$140.00	$28.00	$42.00	$56.00	$70.00	$84.00	$98.00
	GT	Group Therapy	$60.00	$12.00	$18.00	$24.00	$30.00	$36.00	$42.00
	GT90	Group Therapy	$75.00	$15.00	$22.50	$30.00	$37.50	$45.00	$52.50
Recovery Support Services									
	RC	Recovery Coach Services Per 15 Mins	$13.96	$2.79	$4.19	$5.58	$6.98	$8.38	$9.77
	RSN	Recovery Support Navigator Services Per 15 Mins	$13.97	$2.79	$4.19	$5.59	$6.99	$8.38	$9.78
Evaluation And Management									
New Client Visit		Client		$45	$67.50	$90.00	$112.50	$135.00	$157.50
Established Client Visit		Codes		$20.00	$30.00	$40.00	$50.00	$60.00	$70.00
Medication Services									
	IMI	Intramuscular Injection	$30.00	$6.00	$9.00	$12.00	$15.00	$18.00	$21.00
Psychiatric Day Treatment								$0.00	$0.00
	DY60	Psychiatric Day Treatment Per hour	$20.00	$4.00	$6.00	$8.00	$10.00	$12.00	$14.00
	SOAP	Adult "Motivational SOAP" Per 3.5 hours	$175.00	$35.00	$52.50	$70.00	$87.50	$105.00	$122.50
	DYPA	Day Treatement Preadmission Evaluation Per Hour	$40.00	$8.00	$12.00	$16.00	$20.00	$24.00	$28.00
Emergency Services									
	UC	Urgent Outpatient Services/ Psychotherapy for Crisis	$171.13	$34.23	$51.34	$68.45	$85.57	$102.68	$119.79
Telephonic Services									
	NPPE	NON PHY TELEPHONE EVAL 5-10 Mins	$20.00	$4.00	$6.00	$8.00	$10.00	$12.00	$14.00
	NPP2	NON PHY TELEPHONE EVAL 11-20 Mins	$35.00	$7.00	$10.50	$14.00	$17.50	$21.00	$24.50
	NPP3	NON PHY TELEPHONE EVAL 21-30 Mins	$45.00	$9.00	$13.50	$18.00	$22.50	$27.00	$31.50
	PHPE	PHY/PROF TELEPHONE EVALU 5-10 Mins	$100.00	$20.00	$30.00	$40.00	$50.00	$60.00	$70.00
	PPE2	PHY/PROF TELEPHONE EVALU 11-20 Mins	$145.00	$29.00	$43.50	$58.00	$72.50	$87.00	$101.50
	PPE3	PHY/PROF TELEPHONE EVALU 21-30 Mins	$180.00	$36.00	$54.00	$72.00	$90.00	$108.00	$126.00

ATTACHMENT 4

2020 MassHealth Income Standards and Federal Poverty Guidelines

Family Size	MassHealth Income Standards		100% Federal Poverty Level		5% Federal Poverty Level		130% Federal Poverty Level		133% Federal Poverty Level		150% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	$522	$6,264	$1,064	$12,768	$54	$648	$1,383	$16,596	$1,415	$16,980	$1,595	$19,140
2	$650	$7,800	$1,437	$17,244	$72	$864	$1,868	$22,416	$1,911	$22,932	$2,155	$25,860
3	$775	$9,300	$1,810	$21,720	$91	$1,092			$2,408	$28,896	$2,715	$32,580
4	$891	$10,692	$2,184	$26,208	$110	$1,320			$2,904	$34,848	$3,275	$39,300
5	$1,016	$12,192	$2,557	$30,684	$128	$1,536			$3,401	$40,812	$3,835	$46,020
6	$1,141	$13,692	$2,930	$35,160	$147	$1,764			$3,897	$46,764	$4,395	$52,740
7	$1,266	$15,192	$3,304	$39,648	$166	$1,992			$4,394	$52,728	$4,955	$59,460
8	$1,383	$16,596	$3,677	$44,124	$184	$2,208			$4,890	$58,680	$5,515	$66,180
For each additional person add	$133	$1,596	$374	$4,488	$19	$228			$497	$5,964	$560	$6,720

These figures are rounded and may not reflect the figures used in program determination. Institutional Income Standard $72.80

Family Size	165% Federal Poverty Level		200% Federal Poverty Level		250% Federal Poverty Level		300% Federal Poverty Level		400% Federal Poverty Level	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	$1,755	$21,060	$2,127	$25,524	$2,659	$31,908	$3,190	$38,280	$4,254	$51,048
2	$2,371	$28,452	$2,874	$34,488	$3,592	$43,104	$4,310	$51,720	$5,747	$68,964
3			$3,620	$43,440	$4,525	$54,300	$5,430	$65,160	$7,240	$86,880
4			$4,367	$52,404	$5,459	$65,508	$6,550	$78,600	$8,734	$104,808
5			$5,114	$61,368	$6,392	$76,704	$7,670	$92,040	$10,227	$122,724
6			$5,860	$70,320	$7,325	$87,900	$8,790	$105,480	$11,720	$140,640
7			$6,607	$79,284	$8,259	$99,108	$9,910	$118,920	$13,214	$158,568
8			$7,354	$88,248	$9,192	$110,304	$11,030	$132,360	$14,707	$176,484
For each additional person add			$747	$8,964	$934	$11,208	$1,120	$13,440	$1,494	$17,928

These figures are rounded and may not reflect the figures used in program determination. Institutional Income Standard $72.80

DG-FPL (Rev. 03/20)