***SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY***

ADMINISTRATIVE PROCEDURE

**NUMBER: DA1034**

**NAME: ANNUAL FEE ASSESSMENT/ABILITY TO PAY PROCEDURE**

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| INITIAL APPROVAL DATE: | 07/18/2001 | BY: Administrative Committee |
| (LAST) REVISION DATE: | 06/26/2023 | BY: Administrative Committee |
| (LAST) REVIEW DATE: | 07/27/2023 | BY: Policy Committee |
| DISCONTINUED DATE: | N/A | REPLACED BY: N/A |

I. **PURPOSE**

To obtain financial and insurance information from all active individuals receiving service from Sanilac CMH annually in order to determine his/her ability to pay (ATP).

II. **APPLICATION**

Populations: **ALL**
Programs: **Direct - ALL**
**Contracted - ALL**

III. **PROCEDURE**

A. A Sanilac CMH Representative will complete Fee Assessment Form (FA) for all active individuals/guardians/payees as indicated below:

**1. Medicaid/Healthy Michigan eligibles and Veterans Community Care Network (VACCN) eligibles**: A Sanilac CMH Representative (Program Secretary) will complete the FA at onset of service and on an annual basis for all Medicaid/Healthy Michigan/MiChild eligible and Veterans Community Care Network eligible individuals and will enter this information into the electronic medical record in the individual's account. Medicaid/Healthy Michigan/MiChild eligible and Veterans Community Care Network eligible individuals are deemed to have a $0 ability to pay (ATP) for all services provided by Sanilac CMH.

2. **Non-Medicaid/Healthy Michigan/MiChild eligibles / non-VACCN eligibles**: A Sanilac CMH Representative (Finance-Billing Specialist [primary] / Data Management Specialist [back up]) will complete the FA at onset of service and on an annual basis for all individuals that are not Medicaid/Healthy Michigan/MiChild or VACCN eligible. The Data Management Specialist will include the agency's billing account email address (billing@sanilac.org) in correspondence for all intakes of individuals that are <u>not</u> Medicaid/Healthy Michigan/MiChild eligible or VACCN eligible. This will alert the Billing Specialists that there a scheduled intake for an individual that they will need to coordinate with their schedule to meet with the responsible party/individual in order to determine their ATP.

a. These individuals are asked to bring with them documentation to identify all income (pay stubs, W-2, Social Security benefit documentation, Pension, etc.) to their intake appointment as well as their annual FA appointment. The individual's ATP is based on income, family size and the sliding fee scale.

b. The Billing Specialist (or back up) will meet with the individuals just before their initial intake appointment and on an annual basis to complete their initial and annual FA's in electronic format and will then print a copy from the agency's electronic medical record in order to secure the individual's signature and date. [Note: no white-out can be used on any documentation which will be scanned into the electronic medical record.]

c. The Billing Specialist (or back up) will explain the FA to the individual and also provide the individual with a copy of their completed and signed FA. This signed/dated document will also be sent to scanning along with all documentation (copies of insurance cards, proof of income, etc.). The Billing Specialist will enter the individual's insurance, financial information, and ATP amount into the electronic medical record under the correct account once the FA is complete and signed/dated.

d. The Finance-Billing Specialists will track the FA's that are completed and will know when the annual FA update will be due. Each Billing Specialist is responsible to assure that the annual FA appointment/meeting is scheduled and completed on or before the annual date of the individual's FA. All FA's will be completed on an annual basis.

B. If an individual feels that the determined ATP amount poses an undue financial burden (a determination of ability to pay that would unduly impact the health and well-being of the individual or dependents to access the basic necessities of life, including, but not limited to, food, housing, clothing, and healthcare), they may request a re-evaluation. All documentation for re-evaluations must be submitted in a timely manner in order for the Billing Specialists to complete the re-evaluation.

C. If an individual fails to provide insurance coverage information or if they fail to apply to have insurance benefits that cover the cost of services provided to the individual by Sanilac CMH, their ATP shall be determined to be the full cost of services.

D. No individual will be denied services or discriminated against due to lack of ability to pay, insurance coverage, race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

## IV. DEFINITIONS

## V. ATTACHMENTS

## VI. REFERENCES