



ORIENTATION & TRAINING

COMPENSATION/PAYMENTS

As a 1099, there are no “paychecks”. There are only “payments”.

There is no set-amount each pay period that you get paid.

All notes are paid to you, at the time the insurance company pays them to us. They usually take between 7-10 days to pay after being billed. If there are snags, then it might take longer. Approximately 95% of notes are clean and have no snags.

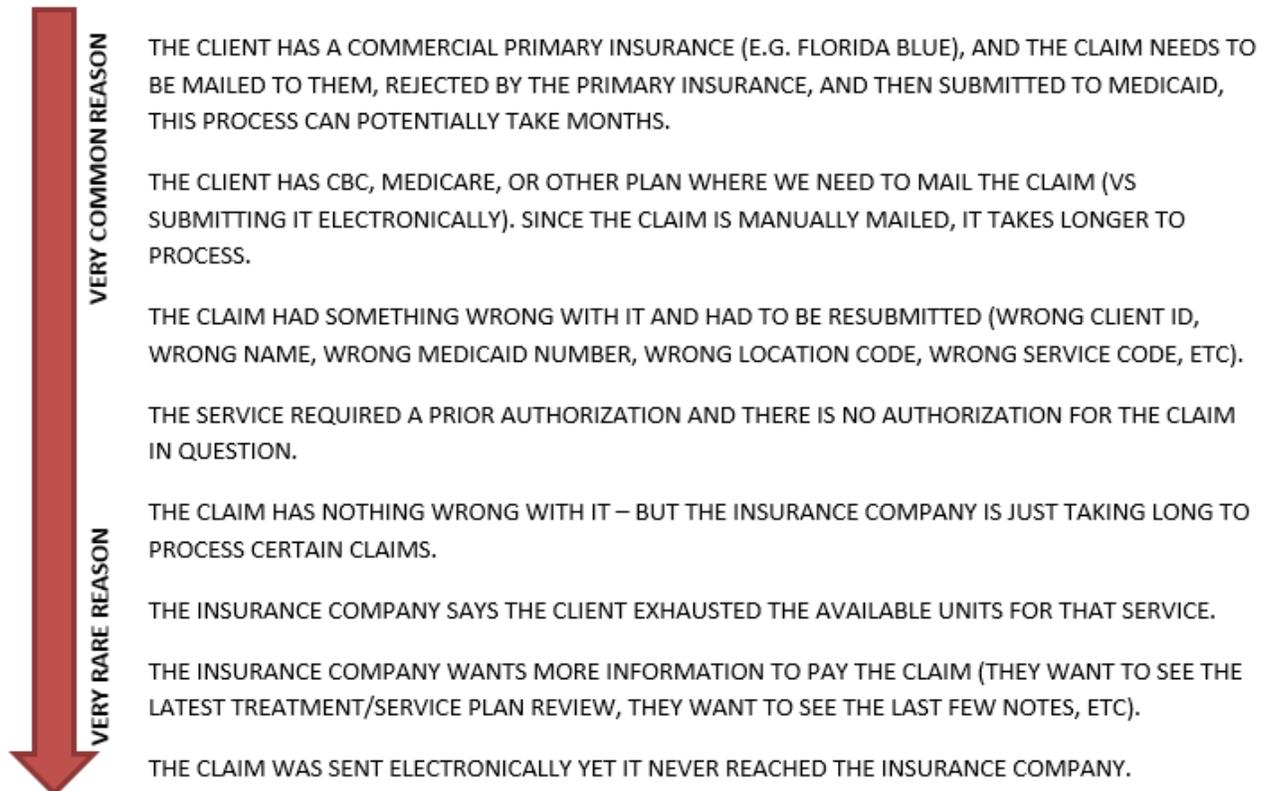
What do we mean by Snags?

That’s when the insurance company delays the payment. Some things are out of our control. Others we can predict (was the client active or inactive, did they change insurance plans from last month?, was their date of birth or other information entered incorrectly?...etc.).

What you can do to prevent Snags:

1. Make sure your notes are submitted with the correct CLIENT ID.
2. Make sure your notes are submitted with the correct Date of Service (DOS).
3. Make sure your notes are submitted with the correct Bill-Code (Service Type).
4. Make sure your TPR or SP is not expired.
5. Make sure you upload the signature pages to your assessments or treatment plans.
6. Make sure you spell your name correctly when doing your notes.

What causes a note to go over 30 days without being paid? >



PAYMENT AMOUNTS

The VAST majority of your income will be from doing sessions (vs intakes or reviews which are done sporadically). The rate for Medicaid services was given to you already. That applies to Individual Therapy or TBOS sessions (or TCM billable hours for Case Managers).

Payment for anything else (other than these Medicaid sessions) is paid as described below.

- *Unless you have been grandfathered with us (e.g. been here for a long time where we are still honoring the old pay structure), then payments for these items are based on “50% of what the insurance paid”, therefore, it might be useful to know how much they usually pay. Here’s a list:*
 - TBOS Sessions Insurance pays \$ 16.00 per unit (\$64.00 per hour)
 - Group Sessions Insurance pays \$ 6.67 per unit, per client
 - Bio-Psychosocial Insurance pays \$ 48.00
 - CFARS/FARS Insurance pays \$ 15.00
 - Master Treatment Plan Insurance pays \$ 97.00
 - New In-Depth Assessment Insurance pays \$125.00
 - Est. In-Depth Assessment Insurance pays \$100.00
 - Treatment Plan Review Insurance pays \$ 48.50

* Note – For Insurance = Sunshine, for our COASTAL DIVISION clients, claims are paid on a flex-method. This means, depending on their computer models, they will pay between 90% and 100% of the fee. Meaning, for example, some Master Treatment Plans will be paid at \$97.00, others at \$93.00, others at \$87.30... it depends, and we have little control over it unfortunately. This is only for clients who have Sunshine insurance, and are in our Coastal Division (referrals given by Taylor).

For PSR, you are paid \$16.00 per hour (4.00 per unit) per client.

Licensed LEs & Intakes. This applies to licensed therapists who **ONLY** do intakes or LEs for other staff (they don’t carry cases, they only contract with us for intakes or LEs). Unless you have been “grandfathered” by working for us in the past, the rates for these are: LEs - \$30.00 per event.

SELF REFERRING CASES

Effective 01-01-22, when you self-refer a case to the agency, you get paid a bit more for it in your rate (+\$2.00 for TCMs and +\$3.00 for Therapists). *This does not apply to any staff member who were given a higher rate already in the first place, or any "Lead", or Managers, etc.*

Please be sure to do the following when self-referring:

-  When you get the OK and the Client ID either from Taylor or Shere, **email Max letting him know that CLIENT ID XXXXX** was self-referred by you. Max will adjust your rate for that client, so that your notes are paid extra for that particular client.

OTHER THINGS TO KNOW

- Eff. 08/24/22, you get paid on a schedule, 2x per month on specific dates. See Payment Calendar.
- Payment is **ONLY** by direct deposit, issued on Fridays, two times per month.
- Sometimes you will get TWO deposits (*one corresponding to services for clients from our Central Division, and another for services for clients from our Coastal Division*)

PAYBACKS are rare, but they do happen.

Paybacks are when we are forced to give money back to the insurance company, therefore deducting your upcoming payment as well for that amount.

The 3 most common reasons are:

- The insurance company paid all of us for a note, and then comes back a few months later and changes their mind (e.g. they “counted” that you went over 104 therapy units for the fiscal year, for example).
- A chart gets audited by Medicaid, and a progress note is not up to Medicaid-Standards.
- We went ahead and paid YOU, and then the insurance decided to deny the claim after all.

Okay. So what can you do about paybacks?

- Make sure you follow our instructions when writing a note, making it Medicaid-compliant. Everything is on the website on how to make sure your note is acceptable
- Keep track of the units used and the deadlines for your treatment plan review. While this is not a 100% solution*, it is highly encouraged to do so.

* I say that it’s not a 100% solution, because you might have an accurate count of how many units you have used, but the insurance company might have another different count. This might happen if the client was already seen by another company for therapy in the same fiscal year. In those cases, you (and/or us) might not know the accurate count of units remaining.

We highly encourage you to ASK the client if they have had therapy in the past fiscal year (since July 1st), and how many times. That can give you an idea.

FULL TIME INCENTIVE

Now, like you read above, our official policy is to pay you, when the claim is paid by the insurance company. We do have an exception to that policy, effective 08-08-22, for those of you who work full-time, and you submit your note notes on time. See PDF called FULL TIME INCENTIVE PAY.