



# ORIENTATION & TRAINING

## COMPENSATION & REPORTS

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 90% 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. Review the weekly reports to make sure there are no things to do on your end.

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 – Sunshine cases, pay, for our COASTAL DIVISION clients, 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 \$20.00 per hour (5.00 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**

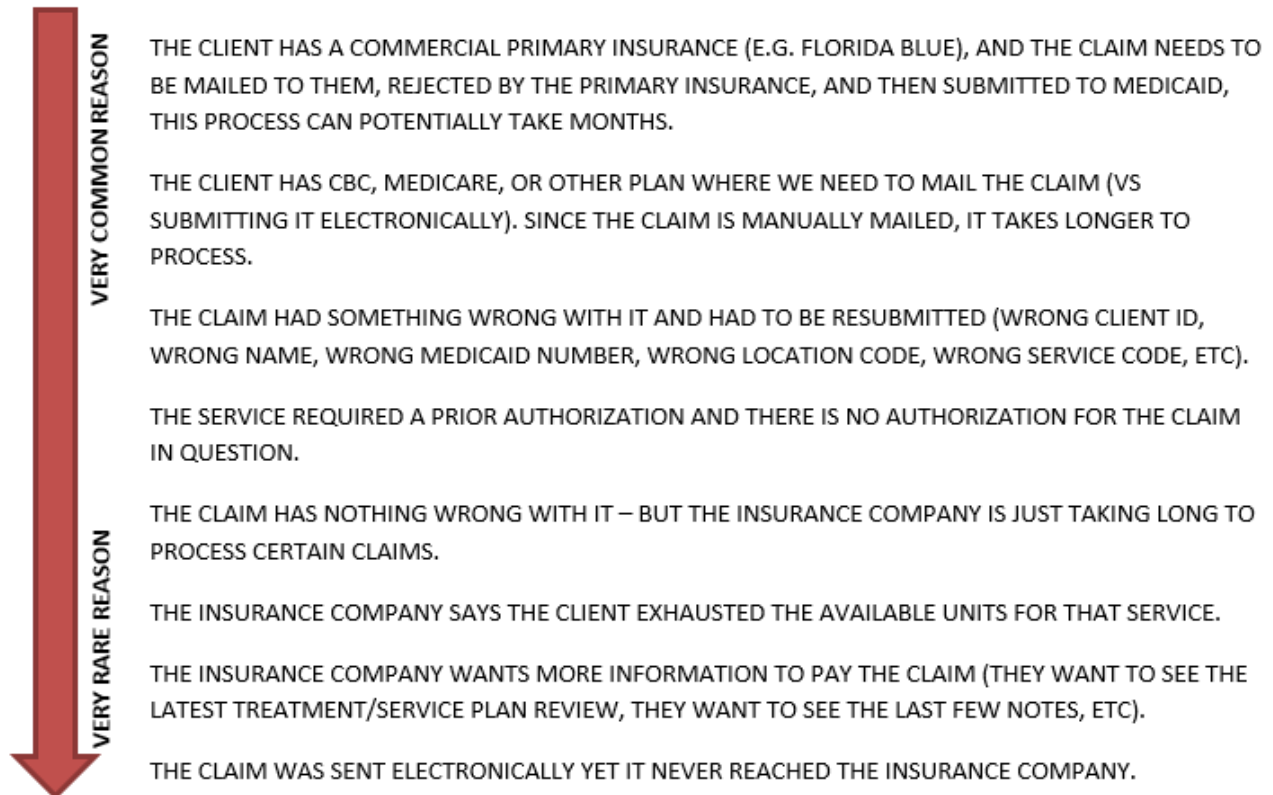
Effective 01-01-22, when you self-refer a case to the agency, you get paid a bit more for it in your rate (+\$2.00 for TCMs and +\$3.00 for Therapists). *This does not apply to any staff member who were given a higher rate already in the first place, or any "Lead", or Managers, etc.*

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.

**PAYMENT REPORTS**

- Eff. 08/24/22, you get paid on a schedule, 2x per month on specific dates. See Payment Calendar for payment dates (it's on the staff website, or email Max, and he will send you a PDF).
- The reports are the spreadsheets that we send when at payment time, that accounts for all the current notes being paid, and ones that are pending for payment.
- 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*)
- The important thing to remember, is to check that all your notes are in the report. As long as they made it to the report, and are green, blue, or red, then they're in process.
- **Common FAQ** - "I worked 10 hours that week, so I should be getting paid \$X for that week". ---- Yes, but remember that you are getting paid when the claim is paid. The system does NOT go by weeks. It is as simple as WHEN THE NOTE GETS PAID BY THE INS. CO >> then >> IT WILL SHOW AS PAID TO YOU.
- What causes a note to go over 30 days without being paid? >



## ⚠ Here's what a Payment Report generally looks like:

Ct ID	Date	Service	Ins	Subm	Billed On	Pay \$	CD	Last ASST	TPR DUE	Auth	End	Rem	Auth	End	Rem
539	04/19/22	H2019HRGT	SUN	04/29/22	05/02/22			07/23/21	07/28/22	H2019HR	06/30/22	68			
630	04/21/22	H2019HR	SUN	04/25/22	04/27/22			09/27/18	09/01/22	H2019HR	06/30/22	65			

It has the Client ID, the Date of Service, the Service Code, the Insurance (e.g. SUN = Sunshine), the date you submitted the note, the date the note was billed out to the insurance company....

The PAY\$ column will have an amount if the note was paid that week, otherwise it will be blank, meaning the note is still pending to be paid.

CD means code. If the note is paid, you will see a "\$". There are also other codes, and the list and what they mean will be in the report email. For example "INT" means the client has not yet signed the intake consents.

The report also has the last date that the client had an Assessment done, and the next day that the TPR (Tx Plan Review) is due (for Therapists).

The report also had 4 other sections that correspond to authorizations for that client. It tells you the Auth code, the end of that authorization, and the # of units remaining for that authorization

⚠ In this example, client 539 has 68 units of therapy remaining, and his Auth ends on 06/30/22.

### **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.

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 08-24-22, for those of you who work full-time, and you submit your notes on time. See below.

**!!! THE FOLLOWING 5 PAGES ARE ONLY FOR STAFF WHO WISHES TO BE CONSIDERED “FULL-TIME” and be paid a higher rate AND paid before the claim gets paid by the insurance company.**

**\*\*\* If this doesn't apply to you or doesn't interest you, please ignore \*\*\***

**WORKING FULL-TIME = HIGHER RATE + FASTER PAYMENT**

If you work full-time and turn-in your notes on time, we will:

- A. Pay you a higher rate, and
- B. Pay you sooner, before the claim gets paid by the insurance company.

This is how it works:

- Full time is defined as working 20 hours per week or more in sessions. This is measured by our system, (for a typical 2-week period) by turning-in 160 units\* of notes each pay period by the deadline.

*\* (20 hours each @ 4 units = 80 units x 2 weeks = 160 units)*


- “Notes” - In order to qualify, sessions must consist of one of these notes:
  - Individual Therapy or 90837 healthy-kids therapy (only Medicaid – not commercial clients)
  - TBOS Therapy
  - Targeted Case Management

*PSR and Group sessions are NOT counted in this calculation, due to the uncertainty and flexibility that those billing codes offer, it is impossible to compute and calculate for full-time basis.*

*Intake Assessments or Reviews are NOT counted in this calculation. This is intended only for counselors and case managers who carry cases, and only for “sessions”.*

*Self-Pay or Commercial insurance clients do not qualify for this calculation.*

- Notes must be turned-in by Sunday at 11:59pm for the work-period. See calendar below.
- The “work period” is defined as depicted in the calendar below. Most work-periods are 2 weeks, although there are some that are 3 weeks, and some that are just 1 week.
  - Most work-periods consist of 2 weeks; therefore the unit requirement is 160 units. However, there are some work-periods that are only 1 week, in which case the unit requirement is 80 units; and there are some work-periods that are 3 weeks, in which case the unit requirement is 240 units.

- The notes submitted must be for the current work-period... if you are behind on your notes, those notes (*even if you turn in over the required # of units worth of them*), do not qualify. So if for some reason you are working over 20 hours, but you are constantly running late on submitting notes, we hope this would incentivize you to catch up.
- Please note that if your note is being delayed for billing because there's an **overdue TPR, Service Plan (for case managers), or expired/missing consents**, then that note WILL NOT be counted in this calculation for full-time status, as the note is not being billed.
  -  This includes making sure the client/parent signed the treatment plan (or service plan) review signature page on our website, each time a review is performed. Please don't forget!
- OUR INTERNAL PROCESS. When we process payroll, our new system will:
  - ensure that you are qualified for this incentive (e.g. you are not a Manager or Lead etc.),
  - flag all the notes that qualify as sessions,
  - ensure that these notes were submitted on time by the deadline,
  - ensure that there are no missing/expired consents or reviews for that note,
 Then if that threshold is passed, the system will:
  - count those units for that specific work-period, for all the notes that qualify.
  - For a typical 2-week period ... if the system counts 160+ units that qualify, then the system will "flag" you as **FULL TIME**, & you will get a higher rate (+\$2.00 to whatever rate you currently have), and the notes for that work period will be paid before the insurance pays the claim.
- Just because you were flagged as full-time during this pay period, does NOT mean you will be automatically flagged as full-time for the next one... this will vary from pay-period to pay-period.
- SELF REFERRALS / OCPS CLIENTS** - If any of those cases/notes that you submit are self-referrals, or they are OCPS (orange county schools) clients, those extra differentials will be applied on top of the high rate if you are flagged as Full-Time.
  - And even if you are not flagged as full-time, those extra differentials for self-referrals and OCPS clients continue to apply as they always have.
- BAD NOTES.** If we know that a certain client/note will be denied by the insurance company, then that specific note **will not** be included in the early payment (because there is no point to paying you something that we will have to take back anyway). – Although this is rare, it happens from time to time (mostly with clients who have a primary commercial coverage).
- REVERSAL/PAYBACK.** If we go ahead and pay you early for a note before the claim gets paid, and later on when the insurance company finally processes the claim, they deny the claim... then at that point we will deduct that specific note from your future payments. If that is the case, the note will show up on your future payment report with a negative amount (e.g. - \$36.00).

## EXAMPLES OF FULL-TIME STATUS

All examples based on a 2-week work-period (e.g. 160 unit requirement).

### Example 1

- From Aug-8 to Aug-21 (the work period), you performed 160 units of qualifying notes.
- All of those 160 units are submitted by 11:59pm on 08-21-22 (the deadline).
- All of these notes have a valid treatment plan and consent (nothing is expired).
- When the payroll system is processed for payment on 08-26-22, **you will be flagged as FULL-TIME, and instead of \$36.00, your rate will be \$38.00, AND you will be paid for ALL of these notes on 08-26-22 before the insurance company pays the claim.**

### Example 2

- From Aug-8 to Aug-21 (the work period), you performed 160 units of qualifying notes.
- All of those 160 units are submitted by 11:59pm on 08-21-22 (the deadline).
- However, 2 of those notes (8 units) did not get billed because your Treatment Plan Review was expired, so your qualifying units totaled 152 (below the requirement).
- When the payroll system is processed for payment on 08-26-22, **you will not be flagged as FULL-TIME, since you did not have 160+ units of qualifying notes.**

### Example 3

- From Aug-8 to Aug-21 (the work period), you performed 160 units of qualifying notes.
- Of those, 156 units are submitted by 11:59pm on 08-21-22 (the deadline), but 4 units (one additional 4-unit note), did not make it by the deadline.
- All of these notes have a valid treatment plan and consent (nothing is expired).
- When the payroll system is processed for payment on 08-26-22, **you will not be flagged as FULL-TIME, since 160+ units were not submitted by the deadline.**

### Example 4

- From Aug-8 to Aug-21 (the work period), you performed 160 units of qualifying notes.
- You submitted 160 units worth of notes, by 11:59pm on 08-21-22 (the deadline), but the notes are for previous work-periods, **not** for the current work-period (meaning you are behind on your notes and/or you are submitting old notes).
- All of these notes have a valid treatment plan and consent (nothing is expired).
- When the payroll system is processed for payment on 08-26-22, **you will not be flagged as FULL-TIME, since the 160 unit you submitted by the deadline, were not current notes for the work-period of Aug 8-21.**

**CALENDAR**

The “deadline” to submit your notes is at 11:59pm on the Sunday when the work-period ends.  
The “work-period” is usually 2 weeks, but can also be 1 or 3 weeks depending on the payment date.

# of weeks in the work Period	Work-Period		Deadline @ 11:59pm to submit Notes to be considered Full Time	>>>>>>	Direct Deposit Payment On	# of units required for this work-period
2	08/08/22	to 08/21/22	08/21/22	>>>>>>	08/26/22	160
2	08/22/22	to 09/04/22	09/04/22	>>>>>>	09/09/22	160
2	09/05/22	to 09/18/22	09/18/22	>>>>>>	09/23/22	160
2	09/19/22	to 10/02/22	10/02/22	>>>>>>	10/07/22	160
2	10/03/22	to 10/16/22	10/16/22	>>>>>>	10/21/22	160
2	10/17/22	to 10/30/22	10/30/22	>>>>>>	11/04/22	160
2	10/31/22	to 11/13/22	11/13/22	>>>>>>	11/18/22	160
3	11/14/22	to 12/04/22	12/04/22	>>>>>>	12/09/22	240
3	12/05/22	to 12/25/22	12/25/22	>>>>>>	12/30/22	240
2	12/26/22	to 01/08/23	01/08/23	>>>>>>	01/13/23	160
2	01/09/23	to 01/22/23	01/22/23	>>>>>>	01/27/23	160
2	01/23/23	to 02/05/23	02/05/23	>>>>>>	02/10/23	160
2	02/06/23	to 02/19/23	02/19/23	>>>>>>	02/24/23	160
3	02/20/23	to 03/12/23	03/12/23	>>>>>>	03/17/23	240
2	03/13/23	to 03/26/23	03/26/23	>>>>>>	03/31/23	160
2	03/27/23	to 04/09/23	04/09/23	>>>>>>	04/14/23	160
2	04/10/23	to 04/23/23	04/23/23	>>>>>>	04/28/23	160
2	04/24/23	to 05/07/23	05/07/23	>>>>>>	05/12/23	160
2	05/08/23	to 05/21/23	05/21/23	>>>>>>	05/26/23	160
2	05/22/23	to 06/04/23	06/04/23	>>>>>>	06/09/23	160



3	06/05/23	to	06/25/23	06/25/23	>>>>>>	06/30/23	240
1	06/26/23	to	07/02/23	07/02/23	>>>>>>	07/07/23	80
3	07/03/23	to	07/23/23	07/23/23	>>>>>>	07/28/23	240
2	07/24/23	to	08/06/23	08/06/23	>>>>>>	08/11/23	160
2	08/07/23	to	08/20/23	08/20/23	>>>>>>	08/25/23	160
3	08/21/23	to	09/10/23	09/10/23	>>>>>>	09/15/23	240
2	09/11/23	to	09/24/23	09/24/23	>>>>>>	09/29/23	160
2	09/25/23	to	10/08/23	10/08/23	>>>>>>	10/13/23	160
2	10/09/23	to	10/22/23	10/22/23	>>>>>>	10/27/23	160
1	10/23/23	to	10/29/23	10/29/23	>>>>>>	11/03/23	80
2	10/30/23	to	11/12/23	11/12/23	>>>>>>	11/17/23	160
2	11/13/23	to	11/26/23	11/26/23	>>>>>>	12/01/23	160
3	11/27/23	to	12/17/23	12/17/23	>>>>>>	12/22/23	240

### Frequently Asked Questions about This

**What if I don't want to or can't be "full-time", would the self-referral extra rate still apply?** See Page 5 - Yes, even if you are not flagged as full-time, those extra differentials for self-referrals and OCPS clients continue to apply as they always have.

**So if I do 25 weekly sessions, and submit them on time by the deadline, then I will get paid for ALL of those 25 sessions in the direct deposit?** Yes, as long as those 25 notes are of the work-period, and not old notes. Also as long as those 25 notes don't have any expired/missing TPR or consents. Also, it depends on which work-period you are referring to (see calendar), since some work periods are 2 weeks (160 unit req), others 3 weeks (240 unit req), and others just 1 week (80 unit req).

**My Medicaid payment rate is \$36.00 per session. If I am flagged as "full-time" then does that mean that my rate for that work-period will automatically be \$38.00 per session for all those notes in that particular work-period?** Yes, that is correct.

**I completed 160 units for that work-week, but when the payroll was processed, 20 units were not counted because some of my clients had expired TPRs and missing consents, so it dropped me below 160 units. See Page-6 example. That is correct, unfortunately that would drop you below the unit-requirement, and you would not qualify as full time for that period. Please ensure that all TPRs and consents are up to date.**