



PAYBACKS

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

Paybacks are rare, but they do happen.

The 2 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 and a progress note is not up to Medicaid-Standards.

Okay. So what can you do?

1. 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.
2. 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 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 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.