

SECTION D

FY 2016 – 2018 FEE FOR SERVICE RATE(S) and CLAIMS PROCESSING

The Macomb County Community Mental Health Services Board (the BOARD) agrees, subject to the continued availability and receipt of sufficient federal, State and local government funding, and by terms of this Contract with _____(the AGENCY) will reimburse the AGENCY a Fee for Service Rate as described in this Section.

1. The approved Fee for Service Rate for each Program operated by the AGENCY providing services under terms of this contract are listed on the last page(s) with the exception of the Fiscal Intermediaries.
2. The AGENCY shall not incur any indebtedness or make commitments for which repayment with BOARD funds extends beyond the close of the fiscal year without express written permission of the BOARD.
3.
 - A. The AGENCY will submit all claims to the BOARD's Department of Finance & Budget no later than by the tenth (10th) business day of the next month utilizing the FOCUS system through Direct Data Entry or the equivalent HIPAA compliant electronic format which has been previously approved by the BOARD. Batches must be separated by Fiscal Years.
 - B. Contracted hospitals will be expected to utilize the FOCUS system to submit their claims. For consumers where the BOARD is the sole responsible payer, the claim must be submitted within 60 days of discharge. For claims which are billable to Other Third Party Payers, claims are to be submitted within 60 calendar days of the final disposition of payment by the Third Party(ies) involved, to be considered for payment. For claims which are billable to other Third Party Payers, a copy of the Explanation of Benefits (EOB) from the other Third Party Payers must be sent with the batch. The EOB may be faxed to the BOARD. All claims which are billable to Other Third Party Payers must be submitted within 365 calendar days of the discharge date.

In the case of Medicare, the EOB from both the Part A (hospital) and Part B (physician) must be submitted with the batch. The Part B requirement only applies to those AGENCY'S who bill Medicare and receive reimbursement for the services provided by their own house physicians or any other appropriately credentialed clinicians who is able to bill according to the Medicare guidelines.

- C. For residential providers, the AGENCY is expected to pay for certain medication, medical, dental, laboratory fees and insurance co-pays. Responsibility for payment will be determined by insurance, medical necessity and/or identification in the current Plan of Service. Four (4) separate areas have been identified that may be considered for reimbursement. They are: routine medical, dental and laboratory; medication and co-pays; over the counter items; and equipment (see attached Insurance Benefit Grid Sheet). In many of these circumstances, the assigned Case Manager will have a responsibility to work with the consumer, the

AGENCY and the consumer's primary care physician, specialty physicians, community agencies and/or pharmaceutical companies to obtain the needed services.

In order for the AGENCY to receive reimbursement a Medical Reimbursement Claim Form (see attached) must be submitted to the BOARD by the tenth (10th) business day of the next month together with supporting evidence of MCCMH **prior authorization** for expenses over \$100.00 (or in certain situations, medications less than \$100.00). The Medical Reimbursement Claim Form must include original itemized receipts that specify the name of consumer, the date of service, the service rendered and the fee for the service rendered. A copy of the check issued to the vendor must accompany claims pre-paid by the AGENCY.

If the lease is between the BOARD and the HOME OWNER, the AGENCY will be responsible for the lease cost, taxes, and insurance, as these are deemed to be routine room and board costs. The BOARD shall make appropriate deductions to payments to cover the above stated costs. The AGENCY acknowledges that the per diem rate covers payment for community living facility care which includes room, board, 24-hour supervision, transportation, special diets and health care, personal care and habilitation training including advanced daily living skill training, social training including providing recreation and entertainment.

The AGENCY understands that the cost of room and board is the responsibility of the client, and the AGENCY is responsible for collecting all Supplemental Security Income (SSI) or Social Security (SS) payments directly from the client or family. The AGENCY is responsible for collecting all Medicaid Spend-Down and Ability to Pay amounts as determined by the Department of Human Services or the BOARD.

4. The BOARD will reimburse the AGENCY for each approved clean claim within thirty (30) days of receipt.
5. Authorization does NOT guarantee payment. Services must be provided in accordance with primary payer rules and consumer's eligibility must be maintained (Medicare, Medicaid, ABW, Third Party Coverage) for all programs which he/she qualifies in order for the authorized service to be payable.
6. The AGENCY will assure that all requests for payment of mental health and medical services submitted to the BOARD are submitted as requests for payer of last resort. The BOARD will not supplement the cost of care for consumers who have third party traditional or commercial HMO coverage. In all cases where the third party coverage had been exhausted, the AGENCY must contact the BOARD's Access Center for prospective service authorization.
7. The AGENCY will be responsible for collecting client fees that are assessed in accordance with MCCMH policy. A current ability to pay must be completed and input into the FOCUS system. The assessed client fee will show as a deduction from the amount billed. Any under-recoveries of otherwise available fees resulting from failure to

bill or collect for eligible services will be excluded from reimbursable expenditures.

8. The AGENCY agrees to assist in the initiation, submission and follow-up of a Medicaid application for payment assistance for all consumers admitted pursuant to this Agreement who do not have Medicaid coverage. The AGENCY agrees to assist in the submission and follow-up of the DHS Re-determination form (DHS Form 1010) in order to maintain eligibility for Medicaid consumers. The AGENCY is responsible to ensure Medicaid eligibility. Failure to ensure Medicaid eligibility will result in denial of payment for services rendered. The AGENCY needs to work with their contract manager if the case management/supports coordination agency is not fulfilling their responsibilities of assisting the consumer with entitlement issues. These denials of payment cannot be appealed.
9. The AGENCY is required to adjudicate all claims and resolve all issues/problems identified through that process prior to submission to the BOARD. The AGENCY has the responsibility of resolving all claims that are problematic by the end of the following month of when the service was provided. The AGENCY should contact the BOARD's claims department for assistance.
10. All claims for the BOARD's Fiscal Year (October 1 through September 30) must be submitted by the 10th business day after the close of the BOARD's Fiscal Year. September denials must be submitted no later than October 31st.
11. Terms and conditions of this agreement (including purchase of service reimbursement rates) are established for a period of two years. The AGENCY may inform the BOARD in writing of request to negotiate the purchase of service rates at any time during the contract period. Once the request is made, the BOARD will respond back within 45 days as to if the request has been granted. The AGENCY shall provide the BOARD sixty (60) day written notice if the AGENCY intends to terminate this agreement.
12. If the AGENCY has any questions regarding denials or claims status, please contact the claims processing department at (586) 469-6415. If the AGENCY continues to have unresolved issues and the situation still cannot be resolved, the AGENCY must put the concern in writing, in a timely manner, and send to the Director of Finance and Budget with a request for further review.
13. The AGENCY acting as Fiscal Intermediary under contract with the BOARD shall adhere to the terms and conditions as outlined in the individual budgets for each consumer.

AGENCY- Autism Therapy Services

PROCEDURE CODE(S)		MOD	SERVICE DESCRIPTION	10/01/2016 - 09/30/2019 RATE(S)
0359T		XX	Behavior identification assessment; includes interpretation of results and development of the behavioral plan of care. May also include intake review of documents, interview with parents (i.e. history, current status), child observation, discussion of findings and recommendations with the parent/guardian(s)/individual. Administration of skill assessment tool face-to-face with the child. Assessment tool examples include, but are not limited to: ABLLS-R, VB-MAPP, AFLS, etc. These tools are required every six months.	\$0.00
0359T		AH AJ HO HP	Behavior identification assessment; includes interpretation of results and development of the behavioral plan of care. May also include intake review of documents, interview with parents (i.e. history, current status), child observation, discussion of findings and recommendations with the parent/guardian(s)/individual. Administration of skill assessment tool face-to-face with the child. Assessment tool examples include, but are not limited to: ABLLS-R, VB-MAPP, AFLS, etc. These tools are required every six months. (BCBA, QBHP, LP/LLP)	\$480.00 per encounter
0359T		HN	Behavior identification assessment; includes interpretation of results and development of the behavioral plan of care. May also include intake review of documents, interview with parents (i.e. history, current status), child observation, discussion of findings and recommendations with the parent/guardian(s)/individual. Administration of skill assessment tool face-to-face with the child. Assessment tool examples include, but are not limited to: ABLLS-R, VB-MAPP, AFLS, etc. These tools are required every six months. (BCaBA)	\$340.00 per encounter
0362X	0362T	AH AJ HO HP	Behavioral follow-up assessment (Functional Behavior Analysis/FBA) first 30 minutes. Includes qualified provider onsite for observation of child, direct testing of environmental conditions with assistance of technician(s). (BCBA, QBHP, LP/LLP)	\$60.00 first 30 minutes
	0362T	HN	Behavioral follow-up assessment (Functional Behavior Analysis/FBA) first 30 minutes. Includes qualified provider onsite for observation of child, direct testing of environmental conditions with assistance of technician(s). (BCaBA)	\$42.50 first 30 minutes
	+0363T	AH AJ HO HP	Behavioral follow-up assessment (FBA) each additional 30 minutes. Includes qualified provider onsite for observation of child, direct testing of environmental conditions with assistance of technician(s). (BCBA, QBHP, LP/LLP)	\$60.00 each additional 30 minutes
	+0363T	HN	Behavioral follow-up assessment (FBA) each additional 30 minutes. Includes qualified provider onsite for observation of child, direct testing of environmental conditions with assistance of technician(s). (BCaBA)	\$42.50 each additional 30 minutes

PROCEDURE CODE(S)		MOD	SERVICE DESCRIPTION	10/01/2016 - 09/30/2019 RATE(S)
0364X	0364T	AH AJ HO HP HN	Adaptive behavior treatment by protocol administered by technician first 30 minutes. (BCBA, QBHP, LP/LLP, BCaBA)	\$30.00 first 30 minutes
	0364T		Adaptive behavior treatment by protocol administered by technician first 30 minutes (BT)	\$27.50 first 30 minutes
	+0365T	AH AJ HO HP HN	Adaptive behavior treatment by protocol administered by technician each additional 30 minutes. (BCBA, QBHP, LP/LLP, BCaBA)	\$30.00 each additional 30 minutes
	+0365T		Adaptive behavior treatment by protocol administered by technician each additional 30 minutes. (BT)	\$27.50 each additional 30 minutes
0366X	0366T	AH AJ HO HP HN	Group adaptive behavior treatment by protocol administered by technician first 30 minutes. (BCBA, QBHP, LP/LLP, BCaBA)	\$8.57 first 30 minutes
	0366T		Group adaptive behavior treatment by protocol administered by technician first 30 minutes. (BT)	\$7.86 first 30 minutes
	+0367T	AH AJ HO HP HN	Group adaptive behavior treatment by protocol administered by technician additional 30 minutes. (BCBA, QBHP, LP/LLP, BCaBA)	\$8.57each additional 30 minutes
	+0367T		Group adaptive behavior treatment by protocol administered by technician additional 30 minutes. (BT)	\$7.86 each additional 30 minutes
0368X	0368T	AH AJ HO HP	Clinical observation and direction of adaptive behavior treatment with protocol modification administered by qualified professional first 30 minutes. May include protocol demonstration to technician(s), guardian(s), with child present. Must co-occur with 0364T-0367T in order to be reported. (BCBA, QBHP, LP/LLP)	\$60.00 first 30 minutes
		*GT	*Use GT modifier if utilizing tele-practice	
	0368T	HN	Clinical observation and direction of adaptive behavior treatment with protocol modification administered by qualified professional first 30 minutes. May include protocol demonstration to technician(s), guardian(s), with child present. Must co-occur with 0364T-0367T in order to be reported. (BCaBA)	\$42.50 first 30 minutes
		*GT	*Use GT modifier if utilizing tele-practice	

PROCEDURE CODE(S)		MOD	SERVICE DESCRIPTION	10/01/2016 - 09/30/2019 RATE(S)
	+0369T	AH AJ HO HP *GT	Clinical observation & direction of adaptive behavior treatment with protocol modification administered by qualified professional each additional 30 minutes. May include protocol demonstration to technician(s), guardian(s), with child present. Must co-occur with 0364T-0367T in order to be reported. (BCBA, QBHP, LP/LLP) *Use GT modifier if utilizing tele-practice	\$60.00 each additional 30 minutes
	+0369T	HN *GT	Clinical observation & direction of adaptive behavior treatment with protocol modification administered by qualified professional each additional 30 minutes. May include protocol demonstration to technician(s), guardian(s), with child present. Must co-occur with 0364T-0367T in order to be reported. (BCaBA) *Use GT modifier if utilizing tele-practice	\$42.50 each additional 30 minutes
0370T		XX *GT	Family behavior treatment guidance administered by qualified professional. Untimed typically 60 - 75 min. Child not required to be present. *Use GT modifier if utilizing tele-practice	\$0.00
0370T		AH AJ HO HP *GT	Family behavior treatment guidance administered by qualified professional. Untimed typically 60 - 75 min. Child not required to be present. (BCBA, QBHP, LP/LLP) *Use GT modifier if utilizing tele-practice	\$120.00 per encounter
0370T		HN *GT	Family behavior treatment guidance administered by qualified professional. Untimed typically 60 - 75 min. Child not required to be present. (BCaBA) *Use GT modifier if utilizing tele-practice	\$85.00 per encounter
0371T		XX	Multiple Family behavior treatment guidance administered by qualified professional. Untimed typically 90-105. Child not required to be present. Maximum 8 families. Tele-practice is not allowed for group family guidance and training.	\$0.00
0371T		AH AJ HO HP	Multiple Family behavior treatment guidance administered by qualified professional. Untimed typically 90-105. Child not required to be present. Maximum 8 families. Tele-practice is not allowed for group family guidance and training. (BCBA, QBHP, LP/LLP)	\$72.00 per encounter
0371T		HN	Multiple Family behavior treatment guidance administered by qualified professional. Untimed typically 90-105. Child not required to be present. Maximum 8 families. Tele-practice is not allowed for group family guidance and training. (BCaBA)	\$51.00 per encounter
0372T		XX	Adaptive behavior treatment social skills group. Untimed typically 90-105. Administered by qualified provider face-to-face with multiple children. Maximum 8 children.	\$0.00 per encounter

PROCEDURE CODE(S)	MOD	SERVICE DESCRIPTION	10/01/2016 - 09/30/2019 RATE(S)	
0372T	AH AJ HO HP	Adaptive behavior treatment social skills group. Untimed typically 90-105. Administered by qualified provider face-to-face with multiple children. Maximum 8 children. (BCBA, QBHP, LP/LLP)	\$51.43 per encounter	
0372T	HN	Adaptive behavior treatment social skills group. Untimed typically 90-105. Administered by qualified provider face-to-face with multiple children. Maximum 8 children. (BCaBA)	\$36.43 per encounter	
0373X	0373T	AH AJ HO HP HN	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior (s); first 60 minutes of technician's time, face to face with child. Service involves two technicians, but still only one encounter reported for the service by one technician. BCBA, BCaBA or QBHP, LP/LLP may also be onsite to direct technicians in implementation utilizing the service encounter for clinical observation & direction. (BCBA, QBHP, LP/LLP, BCaBA)	\$120.00 first 60 minutes
	0373T		Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior (s); first 60 minutes of technician's time, face to face with child. Service involves two technicians but still only one encounter reported for the service by one technician. BCBA, BCaBA or QBHP, LP/LLP may also be onsite to direct technicians in implementation utilizing the service encounter for clinical observation & direction. (BT)	\$110.00 first 60 minutes
	0374T	AH AJ HO HP HN	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior (s); each additional 60 minutes of technician's time, face to face with child. Service involves two technicians but still only one encounter reported for the service by one technician. BCBA, BCaBA or QBHP, LP/LLP may also be onsite to direct technicians in implementation utilizing the service encounter for clinical observation & direction. (BCBA, QBHP, LP/LLP, BCaBA)	\$60.00 each additional 30 minutes
	0374T		Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior (s); each additional 60 minutes of technician's time, face to face with child. Service involves two technicians but still only one encounter reported for the service by one technician. BCBA, BCaBA or QBHP, LP/LLP may also be onsite to direct technicians in implementation utilizing the service encounter for clinical observation & direction. (BT)	\$55.00 each additional 30 minutes
X0995		Indirect Staff Activity Codes (Encounters): Note to File	\$0.00	