

## PROGRAM OPERATIONS DIRECTIVE

54.0

**SUBJECT:** Procedure for Handling Service Requests Not Covered by Insurance

**ISSUED:** 10/21/2025

**REVISED:** 2/9/2026

### **PURPOSE:**

To put into immediate effect the procedure for handling service requests not covered by insurance.

### **POPULATION:**

All individuals seeking service(s) that are not covered by their current insurance plan. Intake Staff, Primary Case Manager and Financial Information and Payment Agreement Technician (FIPA Tech).

### **DIRECTION:**

**EFFECTIVE IMMEDIATELY:** The purpose of the Administrative Directive is to implement and ensure Individuals being recommended or requesting services not covered by their insurance are provided with clear and transparent information about the expected cost of services through the Fee Determination and the Advance Beneficiary Notice of Non-Coverage (ABN) process, along with available financial assistance options, including the SCCCMH Sliding Fee Scale (SFS).

### **PROCEDURE:**

#### **1. FIPA Tech prior to Intake: Fee Determination, Sliding Fee Scale (SFS) and Advance Beneficiary Notice of Non-Coverage (ABN Form)**

- **Responsible Staff:** FIPA Tech
- **Action:**
  - Individuals with Commercial Insurance and No Medicaid should only be referred to Clinical, therefore an ABN form should not be completed.
  - Meet with Responsible Party for all Non-Medicaid Individuals before Intake Assessment preferably with clinician, in clinician's office.
  - Collect necessary income documentation as required by SCCCMH's Sliding Fee Scale policy (e.g., pay stubs, tax return, proof of government assistance) to complete ABN Form, using the Fee Determination and Sliding Fee Scale to determine the fee per session and monthly maximum.
  - Complete all of ABN Form with exception of Box A.
  - Confirm with Responsible Party they understand the services listed in Box A are not covered by insurance and they are responsible for the indicated fee per session up to the Monthly Maximum Liability for any wanted or recommended services after Intake Assessment.
  - Have the Responsible Party select Option 1 or Option 2 on the ABN Form and obtain signature (if fee is substantial, Responsible Party may want to sign after recommended services are checked by Intake Staff).
  - Give completed form to Intake Staff.

- **If Responsible Party does not provide financial documentation and Individual has no insurance**, check box for 90791 (Intake Assessment) and complete ABN as Full Cost of Service. Write “full cost of service” as Total Monthly Maximum.
  - Provide additional information for obtaining Medicaid and/or Sliding Fee Scale eligibility.
- Ensure Intake Staff and/or Primary Case Manager are aware that 2nd appointment will be scheduled based on Responsible Party selecting Option 1, along with choosing to sign the ABN (unless in crisis).

## 2. Service Request Identification

- **Responsible Staff:** Intake Staff
- **Action:**
  - After Intake Assessment, identify services listed in Box A of the ABN form that Individual has requested and/or add recommended services.
  - Have the Responsible Party select Option 1 or Option 2 on the ABN form (if not previously done).
  - Obtain signature (if not previously done) and give completed form to FIPA Tech OR request FIPA Tech’s assistance to obtain signature and/or if other financial questions arise.
  - **DO NOT enter service(s) until the ABN is completed with Option 1 checked and signed by the Individual/Responsible Party.**

### For privately-insured, non-Medicaid individuals:

- Upon medical necessity, only refer to case management if individual brought in financial documentation to get on the sliding fee scale with Option 1 selected with signature.
  - First appointment with case management, it is anticipated the case manager will encourage and assist with a Medicaid Assistance Application.
- If no finances are received, refer to Clinical
  - Clinician gives ABN form back to FIPA Tech following the intake.

### For uninsured individuals:

- Assigns to the most appropriate program.
  - Clinician checks the box on ABN for either clinical (H0032) or case management (T1017) and obtains signature.
  - Clinician gives ABN form back to FIPA Tech following the intake.

**Note:** If ABN is signed with Option 1 chosen and assessed at Full Costs of services, services provided may incur a financial hardship.

**Note:** If an ABN is not signed, all services provided are 100% general funds.

## 3. FIPA Tech After Intake

- **Responsible Staff:** FIPA Tech
- **Action:**
  - Review ABN form for completion, accuracy and signatures.
  - For FCOS uninsured individuals that did not provide financial documentation on Intake day:

- Look for 2<sup>nd</sup> contact email from CIU. Call Responsible Party for reminder of financial documentation for SFS and to bring to next scheduled appointment on DATE/TIME.
- Coordinate with clinical/caseholder to meet with Responsible Party 15 minutes prior to 2<sup>nd</sup> appointment (FIPA Group effort/not specifically same FIPA Tech at Intake).
- Follow Steps in Procedure 1 to complete ABN form
- Notify Primary Case Manager of outcome of ABN form once finalized and confirm if the Individual/Responsible Party agreed to payment for the recommended/requested service(s).
- **IF NO financial documents are received at 2<sup>nd</sup> appointment**, inform Clinician/Case Holder that future appointments should not be scheduled until financial documents have been received (unless in crisis).
- Document outcome on ABN Tracking Spreadsheet (i.e. Option1, T1017; Refused to sign, etc)
- Scan ABN to E.H.R.

#### **4. Add Services to IPOS and Authorize if Individual/Responsible Party agreed to assessed Fee and signed the ABN form**

- **Responsible Staff:** Primary Case Holder
- **Action:**
  - Once Primary Case Holder receives confirmation from FIPA Tech that the Responsible Party agreed to payment and signed the ABN form choosing Option 1, services can now be added to IPOS and Service Authorizations can be requested for approval.
  - If Primary Case Holder is notified that the **individual does not agree** to payment terms (Option 2), the Primary Case Holder **WILL NOT REQUEST SERVICE AUTHORIZATIONS** recommended/requested on the ABN form.

#### **5. For Existing Cases with Changes in Services, Insurance and Annually:**

- **Responsible Staff:** Primary Case Holder
- **Action:**
  - Primary Case Holder to notify FIPA Tech of any new services being requested, recommended, or declined for all Non-Medicaid Individuals (FIPA Tech to complete ABN form with exception of Box A).
  - Identify services listed in Box A of the ABN form that Individual requests or is recommended not covered under their insurance policy.
  - Have the Responsible Party select Option 1 or Option 2 on the ABN form.
  - Obtain Responsible Party signature (if not previously done) and give completed form to FIPA Tech OR request FIPA Tech's assistance to obtain signature and/or if other financial questions arise.
  - Ensure choices are accurately reflected in the Electronic Health Record.
  - **DO NOT authorize service(s) until the ABN is completed with Option 1 checked and signed by the Individual/Responsible Party.**
  - Enter service authorizations based on Responsible Party selecting Option 1, along with choosing to sign the ABN (unless in crisis).

#### **6. For Existing Cases with Changes in Services, Insurance and Annually:**

- **Responsible Staff:** FIPA Tech
- **Action:**
  - FIPA Tech will coordinate with Clinician/Case Holder prior to scheduled appointment, in clinical office, to obtain Responsible Party signature on a new ABN for:
    - Services requested to be added and/or deleted
    - Medicaid becomes inactive
      - Communicate to Primary Case Holder, ABN's signed at Full Costs, services provided may incur a financial hardship or...
      - Communicate to Primary Case Holder what services are 100% general funds.
    - Private Insurance (and no Medicaid) becomes inactive, with an assessed fee above zero
    - Annually
  - Collect necessary income documentation as required by SCCCMH's Sliding Fee Scale policy (e.g., pay stubs, tax return, proof of government assistance) to complete ABN Form, using the Fee Determination and Sliding Fee Scale to determine the fee per session and monthly maximum.
  - Complete all of ABN Form with exception of Box A (Primary Case Holder completes and follows Step 5).
  - Confirm with Responsible Party they understand the services listed in Box A are not covered by insurance and they are responsible for the indicated fee per session up to the Monthly Maximum Liability for any approved requested or recommended services.

## 7. Payment Options Discussion

- **Responsible Staff:** Billing Tech
- **Action:**
  - Discuss available payment options as applicable (e.g., installment payment agreements, upfront payment, auto payments on past due balances, recurring billing).
  - Provide assistance in completing any necessary paperwork for installment payment agreement.