

Medicare Co-Payment & Deductibles Policy

Sunflower Mountain Mental Health (SMMH)

Effective Date: January 1, 2025

Purpose

This policy ensures that all Medicare beneficiaries receiving services at Sunflower Mountain Mental Health (SMMH) understand their financial obligations, including co-payments, deductibles, and out-of-pocket expenses, in compliance with Medicare regulations.

Medicare Co-Payments & Deductibles Overview

Medicare beneficiaries may have financial obligations based on their coverage type:

- **Medicare Part B:** Covers outpatient mental health services but requires cost-sharing.
- **Medicare Advantage (Part C):** Plans set their own co-payment and deductible structures.
- **Medicare Supplement (Medigap):** May cover co-payments and deductibles depending on the plan.

Patient Financial Responsibilities

1. **Annual Deductible:** Medicare Part B requires beneficiaries to meet an annual deductible before Medicare covers services.
2. **Co-Insurance & Co-Payments:**
 - a. Medicare covers **80%** of the **Medicare-approved amount** for most outpatient mental health services.
 - b. Patients are responsible for the **remaining 20%** unless they have supplemental coverage.
3. **Medicare Advantage (Part C) Plans:**
 - a. Cost-sharing varies by plan and may include different co-pays and deductibles.
 - b. Patients should check with their Medicare Advantage provider for specific cost details.
4. **Medicaid Dual Eligibility:**
 - a. If a patient is eligible for both **Medicare & Medicaid**, Medicaid may cover co-payments and deductibles.
 - b. Patients should ensure their Medicaid coverage is active to avoid unexpected charges.

Payment Collection & Financial Assistance

- Patients are informed of expected costs before **services are rendered**.
- Co-payments and deductibles are **collected at the time of service** unless the patient has Medicaid or other coverage that prohibits collection.
- SMMH accepts **Medicare Supplement (Medigap)** plans that may cover co-insurance costs.
- **Payment Plans:** Patients experiencing financial hardship may request a payment plan by contacting the billing office.

Billing & Claims Processing

1. **Verification of Benefits:**
 - a. SMMH verifies patient eligibility and financial obligations before providing services.
2. **Medicare-Approved Rates:**
 - a. Patients are billed only for the Medicare-approved amount for covered services.
3. **Secondary Insurance Processing:**
 - a. If a patient has supplemental insurance, SMMH will submit claims to both Medicare and the secondary payer.

Dispute Resolution & Appeals

If a patient disputes a charge, they have the right to appeal through Medicare:

- **Medicare Beneficiary Ombudsman**
 - Phone: 1-800-MEDICARE (1-800-633-4227)
 - Website: www.medicare.gov
 - Please refer to the **Medicare Claim Denials, Appeals & Reimbursement Policy**.
- Patients may also contact **SMMH's Billing Department** at (719) 679-5022 for assistance.

Compliance & Monitoring

- SMMH ensures compliance with **Medicare billing and co-payment regulations**.
- Patients receive **clear, written explanations of charges**.
- Staff undergo **annual training on Medicare financial policies**.

Last Updated: March 2025

For further assistance, please contact SMMH at **(719) 679-5022** or visit www.sunflowermountainmentalhealth.com.