

INSURANCE 101

Springtide understands that insurance can be difficult and complicated to understand. We're here to help as much as we can. The following is intended to help you better understand your coverage and also provide you with an introduction to patient financial processes with Springtide.

Basic Insurance Terms

Insurance coverage can vary in how much coverage is provided. Here are some basic insurance terms to describe how much your plan covers and what you should expect to pay:

- **Cost-Share:** Your cost-share is the amount that your insurance assigns to you to pay your medical provider. This can be assigned as a deductible, co-pay, or coinsurance. As a medical provider contracted with your insurance, Springtide is required to bill all patients their full cost-share amount assigned by their insurance.
- **Plan Year:** Your insurance plan's "year" may go by calendar year and restart every January 1st, or it may have a different plan year cycle beginning during other months of the year. Your plan year determines when all of your cost-shares and allowances for the year reset.
- **Deductible:** The amount you must pay starting at the beginning of your plan year before other coverage cost-share models kick in. For example, if you have a \$2,500 deductible, this means that starting at the beginning of your plan year, your insurance will not pay your medical provider for any services until you have paid \$2,500 out of pocket in medical expenses. After you have paid this, your cost-share assignment may move to either a co-pay or coinsurance model.

***Most plans go by calendar year. If your cost-share includes a deductible, you will often see that your invoices are typically higher around end of Q1 through Q2 of every calendar year because all medical expenses that have occurred within the first months of the year have completed insurance billing and cost-shares are then assigned to patients around this time for invoicing. If your plan year starts during another time of the year, you can expect that your higher invoices which comprise of cost-share assignments toward your deductible will be invoiced to you approximately 2-5 months after the beginning of your plan year start date.*

- **Co-Pay:** This cost-share model is usually a per visit per service flat rate that you are assigned by insurance. For example, your insurance may have a \$20 co-pay per day for ABA services and a \$40 co-pay per day for ST or OT services.
- **Coinsurance:** This cost-share model is usually percentage based. If your insurance has contracted with Springtide for services, you will pay a percentage of that cost-share amount. For example, if your coinsurance rate is 10% and your insurance owes Springtide \$50 for a service, your insurance will issue \$45 to Springtide and will assign \$5 to you as the cost-share amount that you must pay to Springtide.

- **Out-of-Pocket Max:** This is the maximum amount you will pay out of pocket for your insurance's plan year. Once you have reached this amount, your insurance will no longer assign any cost-share amounts to you for medical expenses. This can also be referred to as "OOPM". For example, if your OOPM is \$1000, once you have been assigned and have paid \$1,000 in medical expenses, your insurance will no longer assign any deductibles, co-pays, or coinsurance amounts to you for the remainder of your plan year.
- **Visit Limits:** Some plans may have visit limitations and may only allow a certain number of visits for specialty services per year. We often see this with Speech or Occupational therapy services.

Please also refer to your insurance plan's member portal, plan documents, and other references provided by your insurance provider for more information about your specific plan coverage.

Springtide's Billing Processes

Springtide's Parent Portal:

Springtide's Billing and Insurance team use the Springtide Parent Portal to upload and receive payments for patient cost-shares. Once Springtide receives your cost-share assignment from your insurance and issues your first invoice, you will receive an email invite to register for your portal account. Additional instructions for the portal [can be found here](#).

You can also expect to receive email notifications when a new invoice has been uploaded to the portal.

If you have any further questions regarding your insurance or Springtide's billing processes, please don't hesitate to reach out to your clinic's Operations Manager or Billing@myspringtide.com.

Assessments:

Your first bill may include assessment charges under billing code 97151 ("Behavior Identification Assessment"), which includes both face-to-face time with the patient and/or guardians, as well as any additional non-face-to-face time utilized for analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. Typically, after a child is seen for in-person assessment, our clinicians require additional time to review the documentation you submitted (such as the Vineland, SSIS, school records, IEP, etc), in order to develop a personalized treatment plan. Clinicians may also need to review your child's health and behavioral history as part of the assessment process prior to their scheduled in-person assessment.

As assessment billing time is limited to 2 hours per day by the Centers of Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) and our clinicians typically spend 2-3 days reviewing and assessing an appropriate personalized treatment plan for each child, a typical assessment billed to your insurance will reflect more days than the actual day that your child was seen for assessment. Time spent on ABA assessments can vary and are typically billed to insurance at 4-8 hours of 97151. As a result, you may see assessment charges for multiple days following your child's initial assessment visit at Springtide, due to CMS billing requirements.

Patient Billing Timeframe Expectations



[1] Cost share determined by insurance will be billed to you.

[2] If the bill processing does not look correct, Springtide will send your bill back to your insurance for reprocessing, which can take an additional 45 BD each time this occurs.

Generally when your child comes in for services at Springtide, we will bill your insurance within 5-15 business days of that service date. Your insurance then has up to 45 days to process the bill.

Once your insurance has processed the bill, it takes about 5 business days for your insurance to issue payment to Springtide. Springtide then reviews the amount paid by your insurance as well as the cost-share amount assigned to you by your insurance. Once we've validated that the cost-share amount is correct (i.e. deductible, copay, coinsurance, etc), only then will Springtide issue an invoice to you for your insurance-assigned cost-share amount.

Occasionally, if there are any hiccups in the insurance's processing, we will send the bills back and appeal for the correct payment amounts (including if they have assigned the incorrect patient cost-share amount). This is why oftentimes patients are not billed for their cost-shares until 1-3 months after their actual visit dates. While we try to avoid the delay, in some instances, patient invoicing may be delayed longer and can take up to 6-8 months.

Upon receipt of your invoice, you are expected to pay by the due date listed on your invoice (usually either the 15th day or last day of the month). Should you require a payment plan or extension for payment, please reach out to your clinic Operations Manager or the Springtide Billing Team within 1 week of receiving your invoice.