

Access Medical Discount Program

A Division of Access to Healthcare Network



Provider Manual

September 2017

Access Medical Discount Program

A Division of Access to Healthcare Network

Provider Manual

Thank You for Everything You Do for
Our Members and Our Community

Access to Healthcare Network

Corporate Office

4001 S. Virginia St. Ste. F

Reno, NV 89502

Phone: 775-284-8989, ext. 512

Fax: 775-284-1053

© Access to Healthcare Network 2007

This material cannot be reproduced or copied in any ways without express written consent from Access to Healthcare Network

Table of Contents

- Access to Healthcare Network Overview 2
- Our Mission – A Healthier Nevada 2
- Payer Source Eligibility and Enrollment 2
- Community Resources and Case Management 3
- Care Coordination and Patient Navigation 3
- Communicating with the Medical Discount Program 5
- Current MDP Office Locations..... 6
- Medical Discount Program 7
- Program Overview 7
- Shared Responsibility 7
- Primary Goal – Improved Health Outcomes 8
- Medical Home Model 8
- Medical Discount Program Providers..... 8
- Insurance Status 10
- Income Guidelines 10
- Nevada Residency 10
- MDP Membership Fees 11
- MDP Tier Structure..... 11
- MDP Member ID Card 12
- Example of a Medical Discount Program Member Card..... 12
- Medical Discount Program Enrollment 12
- Emergency Enrollments 13
- Care Coordination 13
- MDP Fee Schedule..... 14
- Medical Discount Program Provider Protocols 20

Chapter 1

Access to Healthcare Network Overview

OFFICE PROTOCOLS

Our Mission

Payer Source Eligibility and Enrollment

Care Coordination

Socioeconomic Case Management

Our Mission – A Healthier Nevada

Access to Healthcare Network (AHN) is a local non-profit dedicated to assisting

individuals and families in our community access the healthcare services and resources they need to become and stay well. This includes access to quality medical care at an affordable price, access to healthy food and nutrition along with the knowledge of how to prepare it, adequate transportation, financial assistance, mental health, stable housing and a social support system that can help them achieve their goals. We believe it is our job to identify barriers our clients have to accessing these resources and find creative solutions to overcoming those barriers.



Payer Source Eligibility and Enrollment

AHN is essentially a one stop shop for payer source eligibility and enrollment for individuals who either currently do not have a payer source or need assistance transitioning to a different payer source. Through our centralized helpline we can screen clients for a wide range of programs and payer sources that will allow them to access the care they need at price they can afford. These programs and services include:

- Discounted Medical Services (AHN Medical Discount Program)
- Discounted Dental and Vision Services (AHN Dental Plus Program)
- Discounted Ancillary Care Services (AHN Healthy Living Program)
- Health Insurance Enrollment Assistance (Access Health Insurance Services)
- Medicare Enrollment Assistance (SHIP Program)
- Free Breast and Cervical Cancer Screening Services (Women’s Health Connection)
- Free Colon Cancer Screening Services (Nevada Colon Cancer Prevention Program)

Community Resources and Case Management

We truly believe that the path to health and wellness doesn't begin and end at the door of the doctor's office. We believe that in addition to accessing high quality healthcare an individual needs access to all the other resources that make up a an environment in which they can become and stay well. Resources such as nutritious food, stable and affordable housing, stable and affordable utilities, adequate transportation, clothing, and a social support system they can depend on to help them achieve their goals. This is why we also offer several services that work to address the socioeconomic needs of our members and our community. These programs and services include:

- Case Management for the Elderly and Disabled (Aging and Disability Resource Centers)
- Non-Emergent Medical Transportation (Access Medical Transportation Services)
- Food and Nutrition Programs
- Health Savings/Individual Development Account Programs
- Community Resource Database

Care Coordination and Patient Navigation

Helping someone gain access to high quality care at an affordable price is usually just the first step on the road to assisting our clients become and stay well. The healthcare and health insurance systems are complex and confusing often times leading people to get lost in the maze and miss out on the care they need when they need it. This is where our team of highly trained care coordinators comes into play.

Most of our programs come are by a personal Healthcare Coordinator our members know by name and can contact for assistance with anything related to their healthcare. Nothing is too big or too small for our Healthcare Coordinators. In general Healthcare Coordinators can help with:

- Healthcare system navigation and coordination
- Health literacy and healthcare system education
- Payer benefit education, coordination and navigation
- Socioeconomic/wrap-around service case management

Care Management Services

AHN operates several non-clinical care management programs whose purpose is to achieve the triple aim of healthcare: improved health outcomes, increased patient satisfaction and reduced healthcare costs. These programs and services include:

- Hospital Re-Admission Reduction Programs
- Chronic Disease Care Management Programs

- OB and Pre-Natal Care Management Programs

Government and Community Partnerships

AHN has developed several government and community partnerships whose aim is to further our mission of helping individuals and families in our community access the healthcare services and resources they need to become and stay well. These partnerships include:

- The Ryan White Program – Services for HIV/AIDS Patients
- Washoe County Partnership – Services for Low Income Individuals in Washoe County
- Sierra Pediatric Blood and Cancer Consortium – Pediatric Oncology Practice

AHN Resource Guide

To learn more about the eligibility requirements and benefits of these individual programs and how to refer patients for screening you can refer to your AHN resource guide. If you have any questions about any of the programs listed please don't hesitate to give us a call at 775-284-8989 ext. 512.

Chapter 2

Thank you for your generosity! The Medical Discount Program (MDP) applauds your support for our community and our uninsured working residents. We believe that you will find our program to be rewarding and beneficial to your practice and our community as a whole.

OVERVIEW OF ACCESS TO
HEALTHCARE NETWORK

Communicating with MDP

Patient Issues

Management Team

Communicating with the Medical Discount Program

Your satisfaction is key to the ongoing success of our program.

Please contact us with your questions and recommendations. You can contact the Medical Discount Program staff through a variety of means.

Patient Issues

By Phone

For patient related questions please call **775-284-8989 ext. 512** to speak with one of our Care Coordinators. They will be able to give you information about:

- How to process a referral for specialty care, diagnostic testing, etc.
- The fee a member should be paying you for a particular service
- AHN billing procedures

By Fax

You can fax all referrals, bills or other communications to our office at **775-284-1053**

By Mail

Please mail all correspondence to the following address

Access to Healthcare Network
4001 S. Virginia St. Ste. F
Reno, NV 89502

Management Team

If you are unable to get the answers you are looking for after speaking with one of our Care Coordinators please do not hesitate to call one of our management team members.

Medical Discount Program Manager

Dora Garcia

Phone: 775-284-8989 ext. 811

Email: dgarcia@accesstohealthcare.org

Senior Director of Provider and Member Services

Dena Miguel

Phone: 775-284-8989 ext. 211

Email: dmiguel@accesstohealthcare.org

If you still have questions or concerns that have not been addressed fully by our Medical Discount Program Manager or Senior Director of Operations please contact our Chief Operating Officer.

Chief Operating Officer

Trevor Rice

Phone: 775-284-8989 ext. 202

Email: trevor@accesstohealthcare.org

Provider Relations Manager

Contact the **Provider Relations Manager** for questions regarding current contracted rates or to provide updates related to your practice roster, office address, phone or fax, email or any other significant changes within your practice.

Provider Relations Manager

Nick Olmstead: (702)-886-8696 ext. 329; nolmstead@accesstohealthcare.org

Current MDP Office Locations

Reno – Corporate Office

Reno Town Mall

4001 S. Virginia Street, Suite F

Reno, NV 89502

Elko – Satellite Office

405 Idaho Street, Suite 214

Elko, NV 89801

Las Vegas – Satellite Office

3075 E. Flamingo Rd., Suite 118

Las Vegas, NV 89121

Medical Discount Program

OFFICE PROTOCOLS

Program Overview

Shared Responsibility

Improved Health Outcomes

Medical Home Model

Membership Qualifications

Membership Fees

Tier Structure

Collecting Payment at Time of Service

Fee Schedule

Enrollment

Care Coordination

Patient Care Funds

Member ID

Program Overview

The Medical Discount Program is a comprehensive network of hospitals and primary, specialty and ancillary health care providers generously offering their services to the uninsured at a reduced fee.

MDP is not health insurance and does not make payment directly to providers; MDP members pay the reduced fee at the time services are provided. MDP is a non-profit that is registered with the State of Nevada, Division of Insurance.

The network provides uninsured Nevada residents access to professional health care at a reduced rate while providing timely compensation for providers enrolled in the network.

Shared Responsibility

Through our Shared Responsibility Model, the program offers a comprehensive solution to a complex problem by ensuring everyone has a part to play and that no one group is solely responsible for addressing the issue of the uninsured.

Providers

Their responsibility in the Medical Discount Program is simply to provide their services to our members, uninsured individuals in our community, at a reduced rate in exchange for payment at the time of service.

Hospitals

As with providers, they also provide their services to our members at a reduced rate in exchange for payment at the time of service.

Members

In order to maintain eligibility for the Medical Discount Program and obtain the discounted rates so graciously offered by our providers our members must take responsibility for a few things:

- Our members are required to pay for their care at the time of service

- Our members are required to cancel an appointment within 24-48 hours
- Our members are required to treat our providers with respect and courtesy at all times
- Our members are encouraged to take responsibility for their health and healthcare

Primary Goal – Improved Health Outcomes

The primary goal of the Medical Discount Program is to provide the means and support for uninsured individuals in our community to access the care and resources they need to become and stay well and avoid having to use the acute care system (emergency room) except when medically necessary.

Through a study done in partnership with a few local hospitals including both Renown and Saint Mary's we have discovered that:

- The ER utilization rate of our membership is about 1/2 the rate of insured individuals and about 2/3 the rate of individuals on Medicaid
- The hospital admission rate of our membership is drastically lower than the typical uninsured population and even rivals that of a traditional insured population

We believe these improvements in health outcomes are due to a combination of the excellent care our members receive from our network of providers along with the support and education they get from our highly skilled team of care coordinators.

Medical Home Model

The Medical Discount Program is designed around the concept of the Medical Home Model. Our goal is to teach our members about the appropriate way to access the healthcare services they need and avoid use of the acute care system whenever possible. To this end we require every MDP member to choose a primary physician at the time of their enrollment. We encourage our members through education to establish care with this PCP within 90 days of signing up for the program. At the time of enrollment and throughout their membership in MDP we take every opportunity to remind our members about:

- The benefits of using primary care and urgent care services before going to an emergency room
- The need to follow the treatment plan developed in conjunction with their physician
- The benefits of accessing preventive care services such as primary care, diagnostic testing, health enhancement services, etc.

Medical Discount Program Providers

The Medical Discount Program is a network of local providers who have graciously offered their services to MDP members at a reduced rate in exchange for payment at the time of service. MDP is a comprehensive network of providers and services that give your uninsured patients access to the care they need at a price

they can afford. The network is composed of primary care physicians, hospitals, specialists, laboratory and other diagnostic services, radiology, prescriptions, dental, and even ancillary services such as dieticians, health enhancement classes and massage therapy.

Our goal is for MDP to be a high quality fully portable healthcare benefit for the uninsured of Nevada so that wherever they travel throughout our great state they can get access to the healthcare services they need at a fee they can afford.

MDP Contracted Hospitals

Renown Regional Medical Center
Saint Mary's Regional Medical Center
Carson Tahoe Regional Healthcare
Tahoe Forest Hospital
Banner Churchill Hospital
Pershing General Hospital
Humboldt General Hospital
William Bee Ririe Hospital
Battle Mountain General Hospital

MDP Provider List

For an up-to-date listing of MDP providers please visit our website at:
<http://www.accesstohealthcare.org/> (select the option "Provider List")

Medical Discount Program Membership Qualifications

Medical Discount Program members represent a broad cross-section of the uninsured in our community, including single mothers, part-time employees, the self-employed, small business employees and children. Our goal is to serve the segment of our community who cannot gain access to insurance, whether it's as an individual, through an employer or is government sponsored.

In order to qualify for the Medical Discount Program individuals must meet certain criteria.

Insurance Status

- MDP members must be either uninsured or underinsured (insurance carve outs)
- They cannot drop their insurance and come onto MDP

Income Guidelines

- Members must meet our income guidelines
- To qualify, a family must make between 100% and 250% of the Federal Poverty Guidelines
- MDP members are separated into two tiers depending upon their income.

AHN Income Guidelines				
Federal Poverty Guidelines				
	Tier One Member		Tier Two Member	
Family Size	100% of the FPL	150% of the FPL	200% of the FPL	250% of the FPL
1	\$12,060	\$18,090	\$24,120	\$30,150
2	\$16,240	\$24,360	\$43,198	\$40,600
3	\$20,420	\$30,630	\$54,317	\$51,050
4	\$24,600	\$36,900	\$65,436	\$61,500
5	\$28,780	\$43,170	\$76,555	\$71,950
6	\$32,960	\$49,440	\$87,674	\$82,400
7	\$37,140	\$55,710	\$98,792	\$92,850
8	\$41,320	\$61,980	\$109,911	\$103,300

Nevada Residency

- Members must live or work in the State of Nevada (members can live in CA and work in NV)

MDP Membership Fees

In order to access our network of providers a member must pay a nominal membership fee. This fee must be paid either monthly or annually.

Tier 1

Type of Membership	Monthly Fee	Annual Fee
Adult (19+)	\$40	\$400 (2 months free w/annual membership)
Children (under the age of 19)	\$10	\$100

Tier 2

Type of Membership	Monthly Fee	Annual Fee
Adult	\$45	\$450 (2 months free w/annual membership)
Children (under the age of 19)	\$10	\$100

MDP Tier Structure

MDP has a two-tiered fee structure, Tier 1 and Tier 2. MDP has negotiated separate fees for Tier 1 and Tier 2 members. The members Tier number is determined by their income.


- Tier 1 members make between 100-199% of the FPL
- Tier 2 members make between 200-250% of the FPL

Member numbers that begin with T01 pay Tier 1 fees and member numbers that begin with T02 pay Tier 2 fees. You can find the member number on the Member Identification Card.

MDP Member ID Card

MDP members can be identified by their membership card. Members are given an MDP member ID cards at the time of enrollment for presentation at all Provider offices. Members can be denied service if they do not present their membership card. We encourage your office to contact us to verify eligibility at 284-8989, ext. 512.

Example of a Medical Discount Program Member Card

 <p>PCP: {{CONTACT_CURRENT_PCP_FOR_CONTACT_NAME}} Phone: {{CONTACT_CURRENT_PCP_FOR_CONTACT_PHONE}} Dentist: {{CONTACT_CURRENT_DENTIST_FOR_CONTACT_NAME}} Phone: {{CONTACT_CURRENT_DENTIST_FOR_CONTACT_PHONE}}</p>	<p>Tier 1 Member: {{CONTACT_NAME}} Member Number: T01- {{CONTACT_CLIENT_NUMBER}} Effective Date: {{CONTACT_MDP_EFFECTIVE_DATE}}@ "MMMM d, yyyy"}}</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Customer Service Member : (775) 284-8989 Ext. 511 Provider : (775) 284-8989 ext. 512 Fax: (775) 284-1053 Access Medical Discount Program is a discount program (not insurance). Member pays for care at the time of service</p> </div>	<table border="0"> <tr> <td data-bbox="812 609 1120 787"> <p>Primary Care Fees Initial visit: \$70- Follow-up \$50 In-Office Procedures: 50% of Medicare</p> <p>Hospital Fees In-Patient \$500 Per Day /\$5,000 Max ER \$400 Per Visit</p> </td> <td data-bbox="1120 609 1299 787"> <p>Specialty Care Fees Initial Visit: \$150 Follow-Up: \$75 In-Office Procedures: 50% Of Medicare</p> </td> <td data-bbox="1299 609 1459 787"> <p>Urgent Care Fee Visit: \$85</p> </td> </tr> <tr> <td colspan="3" data-bbox="812 819 1459 850" style="text-align: center;"> <p>Present member card to receive discounts at the following pharmacies.</p> </td> </tr> <tr> <td data-bbox="812 850 1120 966"> <p>Ridley's (Ely, Winnemucca)</p> <p>Safeway, Albertsons, Savon, Vons RXBIN: 018166 RXGROUP: AHN01000</p> </td> <td data-bbox="1120 850 1299 966"> <p>Dahl's (Carson City, Fallon, Fernley)</p> <p>Scolar's BIN: 016466 PCN: SCDISC</p> </td> <td data-bbox="1299 850 1459 966"> <p>Mills BIN#: 013832 and Policy #: Freedom02 Group: Freedom2</p> </td> </tr> <tr> <td colspan="3" data-bbox="812 966 1459 1016" style="text-align: center;"> <p>Members: Contact your Care Coordinator for assistance in Rx price shopping or to locate the nearest pharmacy (775)284-8989 ext. 511</p> </td> </tr> </table>	<p>Primary Care Fees Initial visit: \$70- Follow-up \$50 In-Office Procedures: 50% of Medicare</p> <p>Hospital Fees In-Patient \$500 Per Day /\$5,000 Max ER \$400 Per Visit</p>	<p>Specialty Care Fees Initial Visit: \$150 Follow-Up: \$75 In-Office Procedures: 50% Of Medicare</p>	<p>Urgent Care Fee Visit: \$85</p>	<p>Present member card to receive discounts at the following pharmacies.</p>			<p>Ridley's (Ely, Winnemucca)</p> <p>Safeway, Albertsons, Savon, Vons RXBIN: 018166 RXGROUP: AHN01000</p>	<p>Dahl's (Carson City, Fallon, Fernley)</p> <p>Scolar's BIN: 016466 PCN: SCDISC</p>	<p>Mills BIN#: 013832 and Policy #: Freedom02 Group: Freedom2</p>	<p>Members: Contact your Care Coordinator for assistance in Rx price shopping or to locate the nearest pharmacy (775)284-8989 ext. 511</p>		
<p>Primary Care Fees Initial visit: \$70- Follow-up \$50 In-Office Procedures: 50% of Medicare</p> <p>Hospital Fees In-Patient \$500 Per Day /\$5,000 Max ER \$400 Per Visit</p>	<p>Specialty Care Fees Initial Visit: \$150 Follow-Up: \$75 In-Office Procedures: 50% Of Medicare</p>	<p>Urgent Care Fee Visit: \$85</p>												
<p>Present member card to receive discounts at the following pharmacies.</p>														
<p>Ridley's (Ely, Winnemucca)</p> <p>Safeway, Albertsons, Savon, Vons RXBIN: 018166 RXGROUP: AHN01000</p>	<p>Dahl's (Carson City, Fallon, Fernley)</p> <p>Scolar's BIN: 016466 PCN: SCDISC</p>	<p>Mills BIN#: 013832 and Policy #: Freedom02 Group: Freedom2</p>												
<p>Members: Contact your Care Coordinator for assistance in Rx price shopping or to locate the nearest pharmacy (775)284-8989 ext. 511</p>														

Medical Discount Program Enrollment

Every member must go through a lengthy enrollment process with one of our Enrollment Coordinators before they are able to access services. At the time of enrollment members are taken step by step through a member manual that details AHN policies and guidelines. They will be instructed on how to access care appropriately through the AHN network of providers. Once our members have completed their enrollment and have received their member cards they will be able to access services immediately.

If you have a patient that you believe could benefit from Access to Healthcare Network please have them give our Helpline a call at **1-877-385-2345**

Emergency Enrollments

If you have a client that needs to receive medical services immediately and you believe qualifies for AHN please give our Helpline a call at **1-877-385-2345** and let them know you have an emergent enrollment and we will do our best to accommodate the needs of you and your patient.

Care Coordination

Every member who enrolls in the Medical Discount Program is assigned a personal care coordinator to ensure smooth and easy communication between members, providers and the MDP care coordination office. The Care Coordinator is the person who you will need to go to in regards to the following:

- Referrals and questions regarding available services with the MDP network
- Questions regarding the MDP fee schedule and what you will need to collect from our members for specific services
- Bills that need to get paid after the time of service
- When you need more MDP brochures
- General program questions

You can contact your patient's care coordinator in one of the following ways

By phone- 775-284-8989, ext. 512 **By fax-** 775-284-1053

MDP Fee Schedule

Medical Discount Program fee structure was developed through working diligently researching other health access programs around the country and testing proposed fees on focus group of providers. MDP has worked very hard to make sure that the fee structure is equitable for providers and affordable for members. These rates are consistent throughout the MDP Network of Providers.

Collecting Payment at the Time of Service - Golden Rule of MDP

The Golden Rule of the Medical Discount Program is that our members must pay at the time of service for anything that can be paid at the time of service. Our members are informed of this policy at the time of their enrollment and are made aware that if they do not pay for something at the time of service they will be removed from AHN.

Payment Plans are NOT allowed within MDP

Members are instructed at the time of enrollment that it is inappropriate to ask a provider to set up a payment plan for rendered services. They are instructed to communicate with their care coordinator if they are in need of financial help to pay for needed services. If a member asks you to accommodate them through after the fact billing or a payment plan please refer them to their care coordinator.

Primary Care Fees

Service – Primary Care Provider	Tier 1 Fees	Tier 2 Fees
New patient initial visit	\$70	\$80
Established patient follow- up and hospital rounds	\$50	\$55
exam (pap smear)	\$75	\$80
In-office procedures	50% of Medicare	60% of Medicare

Specialty Care Fees

Type – Specialty Care Provider	Tier 1 Fees	Tier 2 Fees
Consultation	\$150	\$160
Established patient follow-up and hospital rounds	\$75	\$80
All surgical procedures done in an outpatient surgery center or hospital	75% of current Medicare allowable rates	80% of current Medicare allowable rates

Urgent Care Fees

Service – Urgent Care	Fees – Tier 1 and Tier 2
Urgent Care	\$85

Emergency Room Fees

Service – Emergency Services	Fees – Tier 1 and Tier 2
Emergency Room Visit	\$400
Emergency Room Observation	\$400

AHN Discountable ER Visit Guidelines

In order to get the AHN discount for an ER visit a member must meet certain criteria:

- Be admitted in-patient
- Be placed into observation
- Be referred to the ER by a physician
- Or arrive at the ER during times when Urgent Cares are closed.

Out-Patient Hospital Fees

Service - Out-Patient Services	Fees – Tier 1 and Tier 2
Out-patient Services (except surgical)	35% of Medicaid
Surgical procedures	75% of Medicaid

In-Patient Hospital Fees

Service – In-Patient Hospitalization	Fees – Tier 1 and Tier 2
Medical/Surgical In-patient hospital stay	\$500 per day - \$5,000 cap – all inclusive
ICU In-patient hospital stay	\$500 per day - \$5,000 cap – all inclusive

Out-Patient Laboratory Fees

Service – Out-Patient Laboratory	Fees – Tier 1 and Tier 2
All Internally Processed Lab Tests	Prices Vary
All Reference Lab Tests	Refer to Fee Schedule

Pregnancy Related/OB Fees

Professional Services	Tier 1 Fees	Tier 2 Fees
<u>Vaginal Delivery</u> To include pre-natal care, delivery, and one (1) post-partum exam	\$1650.00	\$1850.00
<u>Vaginal After C-Section</u> To include pre-natal care, delivery, and one (1) post-partum exam	\$1850.00	\$2100.00
<u>C-Section Delivery</u> To include pre-natal care, and one (1) post-partum exam	\$1850.00	\$2100.00
Hospital Services	Fees – Tier 1 and Tier 2	
Vaginal Delivery Generally entails a one (1) day hospital stay	\$500	
C-Section Delivery Generally entails a three (3) day hospital stay	\$1500	

Prescription

	Tier 1 and Tier 2
Various Pharmacies within the network	Contracted at cost +\$5.00

Chemotherapy Fees

Service – Chemotherapy	Fees – Tier 1 and Tier 2
Course of Treatment	\$500 per week - \$5,000 cap

Radiation Therapy Fees

Service – Radiation Therapy	Fees – Tier 1 and Tier 2
Course of Treatment	\$500 per week - \$5,000 cap

Dental Services Fees

Dental Clinics		
Type of Visit	Tier 1 Fees	Tier 2 Fees
Initial Exam – X-Rays and Consultation with Dentist	\$35	\$40
Standard Cleaning	\$30	\$35
Basic & Major Dental Services including deeper cleaning procedures	100% of Medicaid Allowable	
Basic & Major Dental Services including deeper cleaning procedures **For individuals 60 years of age and older	100% of Medicaid allowable f	

Private Dentist

Type – Dental	Tier 1 Rates	Tier 2 Rates
D0150 Comprehensive oral Evaluation- new or established patient	\$50	\$60
D0210 Complete film series	\$80	\$90
D1110, D1120 Prophylaxis (Cleaning)	\$70	\$80

Chiropractic Care Fees

Type – Chiropractic Care Provider	Tier 1 Fees	Tier 2 Fees
New patient initial visit	\$40	\$40
Established patient follow-up	\$25	\$25
X-rays and other in-house imaging	50% of Medicare	60% of Medicare

Physical Therapy Fees

Outpatient Therapy	Tier 1 Fees	Tier 2 Fees
Outpatient Treatment (hospital based)	35% of Medicaid Allowable	35% of Medicaid allowable
Private Physical Therapy	50% of Medicare allowable	60% of Medicare allowable

Mental Health Fees

Service – 50 minute session	Tier 1 Fees	Tier 2 Fees
New Patient initial visit (50 minute counseling for individual, family or drug and alcohol)	\$65	\$75

DME

Service – DME	Fees – Tier 1 and Tier 2
All DME supplies	Cost varies

Acupuncture Fees

Acupuncture Fees		
Type of Visit	Tier 1 Fees	Tier 2 Fees
Initial Visit	\$65	\$70
Follow-Up	\$45	\$45

Massage Therapy Fees

Massage Therapy Fees		
Type of Visit	Tier 1 Fees	Tier 2 Fees
60 minute Therapeutic Massage (Swedish or deep tissue)	\$40	\$50
30 minute Therapeutic Massage (Swedish or deep tissue)	\$25	\$30

Naturopathy Fees

Naturopathy Fees		
Type of Visit	Tier 1 Fees	Tier 2 Fees
Initial Visit	\$60	\$70
Follow-Up Visit	\$40	\$45

Optometry Fees

Optometry Rates		
Type of Visit	Tier 1 Fees	Tier 2 Fees
Annual Comprehensive Eye Exam Adults	\$40	\$50
Annual Comprehensive Eye Exam Children	\$34	\$40

Audiology

Audiology	Fees – Tier 1 and Tier 2
Miracle Ear Hearing Aides	Cost varies

MDP Patient Care Funds

The Medical Discount Program has partnered with local government entities, foundations and community organizations to develop what we call “patient care funds”. MDP Patient Care Funds are used to assist at risk populations by paying for services the member may otherwise not be able to afford. The grant funding can only be used with MDP providers and can only be accessed through an MDP Care Coordinator. The following is a list of some of our Patient Care Fund programs.

- Susan G. Komen Patient Care Fund – Breast cancer diagnostics and treatment
- Matley Foundation Patient Care Fund – Children with disabilities
- Redfield Foundation Patient Care Fund – General healthcare/Chronic Disease Management
- Dermody Patient Care Fund – For low income children
- Nevada Womens Fund- Treatment of Cervical Cancer
- Marie Crowley Foundation-Assist with mental health

Funds are subject to availability.

Medical Discount Program Provider Protocols

OFFICE PROTOCOLS
Procedures/Surgeries
Billing MDP Members
Referral Process

Office Based Procedures/Surgeries

What’s included in the Office Visit Fee?

- **Minor office procedures** – AHN asks that any minor procedure be included in the office visit fee.
 - **Major office procedures** – Major office procedures are charged along with the initial or established patient office visit fee. In order for the member to pay you the correct amount at each visit you have a couple different options.

Pricing In-Office Procedure

You can price in-office procedures by accessing the AHN Online Fee Schedule as follows:

- Go to our website: <http://www.accesstohealthcare.org/>
- Select the option “Provider List”
- Click on the following tab:



- To price an in office procedure please follow the process below
 - Type in the code in question
 - Define if the visit was with a primary care physician or a specialist
 - Define if the visit was in the office or in the hospital/surgery center
 - Press “look-up” and your price will be given for both a tier 1 and tier 2 client
 - If you do not get a price or you believe the price to be inaccurate please contact our care coordination department at 775-284-8989 ext. 511
- Please **do not** use this fee schedule to price hospital or surgery center based procedures

Fees Not Included in the Online Fee Schedule

Please be aware that some of the fees associated with your practice may not be found in the online fee schedule. Please consult your MOU for information about these “carve out” rates.

Billing MDP Members

We encourage you to collect all necessary fees from an MDP member at the time of service. We understand that sometimes this may not be possible. In cases where a balance is owed after service is rendered please follow these simple steps to get paid the appropriate amount.

1. Price any necessary services with the MDP Online Fee Schedule
2. Please fax the amount owed along with a super bill/HICFA to 775-284-1053

Once we receive the HICFA into our office we will begin the process to get you paid. We will contact the member and inform them of the amount due and the timeframe in which it needs to be paid. We will follow up with you to make sure the member followed through on their financial responsibility.

MDP members have 20 business days from the date we receive the HICFA into our office to pay the amount due in full. If the member does not pay the full amount due by this date they will be permanently removed from our program and the amount due can be reverted back to normal and customary charges and billed directly to the patient.

Note: Please do not send a HICFA/super bill to our office if the member paid in full the amount owed at the time of service.

The member has 20 business days after receiving this bill to pay in full.

Referral Process

All referrals are required to be sent to AHN for processing.

While no pre-authorizations are required for referrals, it is very important that all referrals to specialists, imaging and some ancillary care providers be submitted to the MDP Care Coordination Department. There are several reasons we require this:

1. Some of our providers have signed on to see a limited number of MDP members per month. Referrals must be processed through our office in order to ensure that we adhere to our contracts with these providers.
2. By processing the referral through our office it allows us to help navigate your patient through the healthcare system. This includes helping the member to make an appointment, informing them of their financial responsibility, answering any question the member might have about the needed service, etc.

Referrals to a Specialist

Please fax all referrals to our *Care Coordination Department* at **775-284-1053** for processing. MDP will send the referral to the appropriate provider and then fax this information back to you for your records within 48 business hours of the referral being made.

If a referral needs to be processed ASAP please either include this information on the referral or give us a call and let us know. We will make it a priority to process the referral in the timeframe you need.

Please include any notes you would like the specialist to receive along with the referral. We will ensure this information gets to the specialist.

Referrals to Radiology

Please fax all referrals to our *Care Coordination Department* at **775-284-1053** for processing. MDP will send the referral to the appropriate provider and then fax this information back to you for your records within 48 business of the referral being made.

If a referral needs to be processed ASAP please either include this information on the referral or give us a call and let us know. We will make it a priority to process the referral in the timeframe you need.

Please include any notes you would like the specialist to receive along with the referral. We will ensure this information gets to the specialist.

Pathology Specimens

Please do not send specimens to LabCorp as they are not a part of the MDP provider network.

Please refer our members to the following MDP contracted pathologists only.

Western Pathology Consultants
343 Elm Street, Suite 206
Reno, NV 89503

Nevada State Health Laboratory
1660 N. Virginia Street
Reno, NV 89557

If a specimen needs to be sent to an out-of-network provider please contact our Care Coordination Department so that we may try and negotiate a rate with the provider.

For a listing of all MDP contracted pathologists across all regions please refer to the MDP provider list which can be found on our website:

<http://www.accesstohealthcare.org/> (select the option "Provider List")

Laboratory Testing

Please instead refer our members to the following MDP contracted laboratories only.

Quest Diagnostics

1350 Stardust Street, Suite A-4
Reno, NV 89503
(800) 433-2750

Saint Mary's Hospital Laboratory

235 West Sixth Street
Reno, NV 89503
(775) 770-3194

Renown Outpatient Laboratory – Main Campus

1155 Mill Street
Reno, NV 89503
(775) 982-4761

Please do not draw blood in office unless your MDP contract allows for discounted lab work.

For a listing of all MDP contracted labs across all regions please refer to the MDP provider list which can be found on our website:

<http://www.accesstohealthcare.org/> (select the option "Provider List")

Member Compliance - Guidelines

Payment at the Time of Service

The Golden Rule of the Medical Discount Program is that our members must pay at the time of service for anything that can be paid at the time of service. Our members are informed of this policy at the time of their enrollment and are made aware that if they do not pay for something at the time of service they will be removed from AHN.

Payment Plans

Members are instructed at the time of enrollment that it is inappropriate to ask a provider to set up a payment plan for rendered services. They are instructed to communicate with their care coordinator if they are in need of financial help to pay for needed services. If a member asks you to accommodate them through after the fact billing or a payment plan please refer them to their care coordinator.

No Call/No Show

We understand that a provider's time is very important and has adopted the following No Call/No Show Policy:

- If an MDP member fails to show for an appointment this is considered a No Call/No Show
 - The member can be charged a \$25 No Call/ No Show fee
 - The member will not be able to reschedule until the fee has been paid
 - If the member does not pay this fee they will be removed from the program
- If a member shows for an appointment without their payment this can also be considered a No Call/No Show
 - It is entirely the provider's decision of whether or not to see the member or consider a no call/no show
- Two no call/no shows will result in permanent removal from the MDP

If a member does not show for an appointment please contact our Care Coordination department so we can inform the member about the \$25 no call/no show fee and educate them on the fact that if it happens again they will be removed from the program.

Late Cancellation

MDP members must abide by the following late cancellation policy:

- AHN MDP member must cancel their appointment within 24-48 hours or per the stated policy of the provider
- If they do not cancel their appointment within the appropriate timeframe it is considered a "no call/no show" and subject to the same fee and policies therein

In-Appropriate Behavior

If at any time an MDP behaves in a way that you deem to be inappropriate we ask that you please contact our care coordination department as soon as possible so that we can address the issue. Please be aware that MDP members are educated at the time of enrollment as to appropriate behavior with a provider and that repeated or egregious inappropriate behavior can result in removal from the MDP.