



NEW MEGA REGS POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: 3100

Assigned Policy Number: Cost Sharing and Payment of Services

Mega Regs Policy Area(s): Mark All That Apply

- | | |
|--|--|
| <input type="checkbox"/> Plan Administration and Organization | <input type="checkbox"/> Provider Network |
| <input type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input checked="" type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> Beneficiary Rights |
| <input type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input type="checkbox"/> Reporting Requirements |

Submitted by: victor Ibabao Date: 4/16/2018

Policy developed by: Vincent Robben

Attach P&P Document For Review In this Section



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance:  Date: 4/16/2018

County Counsel:  Date: 4/16/2018

Section B: BHSD Executive Director

BHSD Executive Director:  Date: 4/16/2018

Note - A copy of the Approved Mega Regs P&P Form will be emailed to: BHSD Compliance Unit



Policy & Procedure Number: BHSD # 3100

<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input checked="" type="checkbox"/>	Specialty Mental Health
<input checked="" type="checkbox"/>	Specialty Substance Use Treatment Services

Title: Cost Sharing and Payment of Services

Approved/Issue Date:	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date:	Inactive Date:

POLICY:

The Department Policy on Cost Sharing and Payment of Services will follow 42 CFR 438 with regards Emergency and Post Stabilization Services, Cost Sharing, Non-Payment, Treatment of Recoveries, Insolvency, and Payments.

Beneficiary will be asked to pay a share of the cost associated with their Medi-Cal benefit. Both beneficiary and provider cannot waive beneficiary’s Medi-Cal share of cost. The Department’s cost sharing shall be in accordance with Medicaid FFS requirements at 42 CFR 447.50 through 42 CFR 447.88.

- REFERENCE:**
- 42 Code of Federal Regulations (C.F.R.) 438.114(b); 42 CFR 422.113(c) Emergency and Post Stabilization Services
 - 42 Code of Federal Regulations (C.F.R.) 438.114(c)(1)(i); 42 CFR 438.114(c)(1)(ii)(A) - (B) Out of Network Emergency Services
 - 42 Code of Federal Regulations (C.F.R.) 438.108; 42 CFR 447.50 – 82 Cost Sharing
 - 42 Code of Federal Regulations (C.F.R.) 438.608(d)(1)(i) Retention Policy of recoveries of all overpayments
 - 42 Code of Federal Regulations (C.F.R.) 438.608(d)(1)(ii) Process, Time Frames and Documentation for reporting recovery of all overpayments
 - 42 Code of Federal Regulations (C.F.R.) 438.608(d)(1)(iii) Process, Time Frames and Documentation for reporting recovery of all overpayments where MCP not allowed to retain some or all of overpayments
 - 42 Code of Federal Regulations (C.F.R.) 438.608(d)(2) Reporting mechanisms for overpayments
 - 42 Code of Federal Regulations (C.F.R.) 438.106(a) Medicaid Enrollees not liable for MCP debt when MCP becomes insolvent
 - 42 Code of Federal Regulations (C.F.R.) 438.106(b)(1) - (2); 42 CFR 438.3(k); 42 CFR 438.230 Medicaid Enrollees not liable for covered services when MCP becomes insolvent



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- 42 Code of Federal Regulations (C.F.R.) 438.106(c) Medicaid Enrollees not liable for covered services when MCP becomes insolvent
- 42 Code of Federal Regulations (C.F.R.) 438.116(a) MCP to ensure against risk of insolvency
- 42 Code of Federal Regulations (C.F.R.) 438.116(b) MCP to meet state’s solvency standards
- 42 Code of Federal Regulations (C.F.R.) 438.60 No payment to network provider by the state other than the MCP
- 42 Code of Federal Regulations (C.F.R.) 438.14(c)(3) Supplemental payment by the state
- 42 Code of Federal Regulations (C.F.R.) 447.50 through 42 CFR 447.882 Premiums and Cost Sharing

DEFINITIONS:

Beneficiary. A Medi-Cal recipient who is currently receiving services from BHSD or a BHSD contracted provider.

Provider. A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in California Code of Regulations, title 9, Division 1, Chapters 10 or 11 and in Division 3, Subdivision 1 of Title 22, beginning with Section 50000. Provider includes but is not limited to licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals. The MHP is a provider when direct services are provided to beneficiaries by employees of the Mental Health Plan..



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<u>PROCEDURE</u>	
Responsible Party	Action Required
Provider	<ol style="list-style-type: none"> 1. Will check to see if beneficiary has Share of Cost (SOC) Medi-Cal and if the liability has been met. 2. Will ask beneficiaries to pay the share of cost if liability has not been met. 3. If beneficiary can only pay a portion of their share of cost, collect that portion. 4. Prepare a receipt showing share of cost paid and the share of cost unpaid balance. <ol style="list-style-type: none"> a. CBO's will have an established method to process SOC payments. b. BHSD providers will send both the payment and a copy of receipt to the VMC Cashier for deposit. The VMC Cashier will send a copy of the receipt to PBS. PBS will keep a record of the beneficiary's unpaid balance. 5. Will not restrict services if the beneficiary is unable to pay their share of cost. 6. Will not send unpaid beneficiary balance to collections. 7. Will exempt all cost sharing from any Indian who is currently receiving or has ever received services furnished by Indian Health Care Provider (IHCP) or through referral.
Valley Medical Center (VMC) Cashier	The VMC Cashier will send a copy of the receipt to PBS.
VMC Patient Business Service (PBS)	PBS will keep a record of the beneficiary's unpaid balance. PBS is instructed to write-off any unpaid share of cost balance for the beneficiary. A beneficiary's services should not be stopped in the event the client is unable to pay their share of cost.
Attachments:	