



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

I. P&P INFORMATION

Assigned Policy Name: 4200

Assigned Policy Number: Claims Adjudication Process

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 checked="" type="checkbox"/> Documentation Requirements |
| <input 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: Laura Luna

Attach P&P Document For Review In this Section



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: Victoria Phan Date: 4/16/2018

County Counsel: 3527B4B4F12742C... DocuSigned by: Lorraine Van Kirk Date: 4/16/2018

Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys 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 # 4200

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

Title: Claims Adjudication Process- Eligibility, Service, and Payment Data Certification Requirements

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

<p><u>REFERENCE:</u></p> <ul style="list-style-type: none"> • 42 Code of Federal Regulations (C.F.R.) § 438.604 • 42 Code of Federal Regulations (C.F.R.) § 438.606 • 42 Code of Federal Regulations (C.F.R.) § 433.51 • 9 California Code of Regulations (CCR) § 1810.112 • 9 California Code of Regulations (CCR) § 1810.112(b) • 9 California Code of Regulations (CCR) § 1840.304 • DHCS Medi-Cal Managed Care Contract- Exhibit B, 6. Claims Adjudication Process
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<p><u>POLICY:</u></p> <p>The Behavioral Health Services Department (BHSD) shall comply with all eligibility, service, and payment data certification requirements under applicable federal and state law, for all claims submitted for federal financial participation (FFP).</p>
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<p><u>DEFINITIONS:</u></p> <p>Beneficiary. A Medi-Cal recipient who is currently receiving services from BHSD or a BHSD contracted provider.</p> <p>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.</p>
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<u>PROCEDURE</u>	
Responsible Party	Action Required
BHSD Director	1. Behavioral Health Services Department (BHSD) is to certify each claim submitted to the Department of Health Care Services (DHCS) in accordance with Cal. Code Regs., tit. 9, § 1840.112 and 42 C.F.R. § 433.51, at the time the claim is submitted to DHCS.
SCVHHS CFO or Designee	2. Santa Clara Valley Health & Hospital System Chief Financial Officer or his or her equivalent, or an individual with authority delegated by the County auditor-controller, signs the certification, declaring, under penalty of perjury, that the BHSD has incurred an expenditure for the services that satisfies the matching requirements for FFP.
BHSD Director	3. The BHSD Director or an individual with authority delegated by the BHSD Director signs the certification, declaring, under penalty of perjury that, to the best of his or her knowledge and belief, the claim is in all respects true,



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	<p>correct, and in accordance with the law and meets the requirements of Cal. Code Regs., tit. 9, § 1840.112(b).</p> <p>4. The BHSD has mechanisms to support the BHSD Director's certification. These mechanisms include but are not limited to additional review and collaboration with Patient Business Services Department and other applicable parties which enable certification that (a) an assessment of the beneficiary was conducted in compliance with all applicable requirements, (b) the beneficiary was eligible to receive Medi-Cal services at the time the services were provided, (c) services included in the claim were actually provided to the beneficiary, (d) medical necessity was established for the beneficiary for the services provided, for the timeframe in which the services were provided, and (e) a compliant client plan was developed and maintained.</p> <ul style="list-style-type: none"> a. If the DHCS requires additional information from the BHSD that will be used to establish DHCS payments to the BHSD, the BHSD shall certify that the additional information provided is in accordance with 42 C.F.R. § 438.604. b. DHCS to return to BHSD claims not meeting federal and/or state requirements as not approved for payment, along with a reason for denial. c. Claims meeting all Health Insurance Portability and Accountability Act (HIPAA) transaction requirements and any other applicable federal or state privacy laws or regulations and certified by the BHSD in accordance with Cal. Code Regs., tit. 9, § 1840.112, are to be processed for adjudication.
BHSD/DHCS	<p>5. Good cause justification for late claim submission is governed by applicable federal and state laws and regulations and is subject to approval by the DHCS.</p> <p>6. In the event that DHCS or BHSD determines that changes in the BHSD's or DHCS's obligation must be made relating to either the DHCS's or the BHSD's claims submission and adjudication systems due to federal or state law</p>



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	<p>changes or business requirements, both the DHCS and the BHSD agree to provide notice to the other party as soon as practicable.</p> <p>a. This notice shall include information and comments regarding the anticipated requirements and impacts of the projected changes. The DHCS and the BHSD agree to meet and discuss the design, development, and costs of the anticipated changes prior to implementation.</p>
BHSD	<p>7. BHSD shall comply with Cal. Code Regs., tit. 9, § 1840.304, when submitting claims for FFP for services billed by individual or group providers.</p> <p>8. The BHSD shall submit service codes from the Health Care Procedure Coding System (HCPCS) published in the most current Mental Health Medi-Cal billing manual.</p>
BHSD Director	<p>Payment Data Certification</p> <p>1. BHSD shall certify the data it provides to the DHCS to be used in determining payment of FFP to the Contractor, in accordance with 42 C.F.R. §§ 438.604 and 438.606.</p> <p>a. Data that must be certified.</p> <p>b. Data certifications.</p> <p>i. When DHCS payments to BHSD are based on data submitted by the BHSD, the DHCS must require certification of the data as provided in § 438.606. The data that must be certified include, but are not limited to, enrollment information, encounter data, and other information required by DHCS and contained in contracts, proposals, and related documents.</p>
Attachments:	