BHS Policies and Procedures

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: Behavioral Health Services Overpayments Recovery and Reporting Procedures

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Effective Date: March 1, 2020 Marlo Simmons

Manual Number: 2.03-28
References: DHCS Information Notice No: 19-034; Title 42, CFR Section 438.608

New Policy

Purpose: To establish a policy and procedure for the San Francisco Mental Health Plan (MHP) and for the San Francisco Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan to recover and report overpayments made by these Plans to Providers per the Federal Medicaid Managed Care Final Rule (Final Rule) and Federal Mental Health and Substance Use Disorder Services Parity Final Rule (Parity Rule) requirements.

Scope: This policy applies to all Behavioral Health System (BHS) Providers within the San Francisco Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) networks.

Policy:
An overpayment means any payment made to a network provider by the Plan to which the network provider is not entitled to under Title XIX of the Act or any payment to the Plan by the State to which the MHP is not entitled to under Title XIX of the Act. This includes recoveries of overpayments due to fraud, waste, or abuse. These overpayments must be returned by Providers to the MHP or to the DMC-ODS Plan within 60 calendar days after the date on which the overpayment was identified.

In the event of an overpayment, the San Francisco Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan shall submit Void transactions to Medi-Cal for disallowed services and for services that were billed in error. There is no time limit for reporting Void transactions to Medi-Cal. At the end of each Fiscal Year period, BHS Billing submits the Annual Voids Report, which lists all SDMC Void transactions to the State Department of Health Care Services (DHCS). Further, if potential fraud, waste and/or abuse is suspected, these are also reported separately to the State authorities by the BHS Compliance Officer.

Procedures:

Providers are required to verify and confirm the Services they billed in the BHS Electronic Health Records System (EHRS) are accurate and correct. There is a 30-day period allowed, after the end of each service Month, for Providers to review reports for billing updates or corrections needed, to add missing or required information, and to finalize their services. Prior to being claimed, these services can be edited within the EHRS. After this period, Providers are responsible for communicating necessary corrections to the BHS Billing Unit. Providers may contact the BHIS Help Desk for

technical assistance and/or support needed, including when EHRS data entries are not allowed, for service deletions needed, or when EHRS records cannot be updated or corrected. Once Services have been claimed or reported to a third-party payor, or were included in the final Fiscal Year Cost Reports, they can no longer be updated or deleted in the BHS EHRS. Providers must use the BH7019 process to make these billing error corrections and service unit adjustments.

The BH7019 - Claim and Cost Report Service Adjustments form (Attachment 1) is used to report and document Mental Health and Substance Use Disorder service billing errors. Providers notify the Plan in writing about the reason(s) for billing errors and for overpayments on the BH7019. All service billing adjustments and any third-party BHS claim reversals must meet timeliness and reporting requirements.

The BH7019 Service Adjustments process may be initiated by Providers, by MHP or DMC-ODS Plans, and by the Compliance Office. This process shall be maintained for all billing adjustments and overpayments, including for non-Medi-Cal reimbursed services. The Contracting Agency Director or its Program Administrators are required to review and to sign approval for these adjustments to be made. Completed BH7019 forms are submitted to the BHS Billing Unit for processing.

The BHS Billing Unit is responsible for processing BH7019 signed forms and electronic files upon receipt. Billing Staff submit Mental Health Medi-Cal and Drug Medi-Cal Void and Replace transactions to DHCS. Billing Staff add Medi-Cal claims information and corrective actions taken (i.e., Medi-Cal transaction and submission dates, Mode and Service Function Codes, third-party claim amounts refunded, etc.) to the electronic BH7019 file. Copies of completed electronic BH7019 forms are sent to the SFDPH Fiscal - Cost Reports Unit and to the Agency Administrator or Program Director. These BH7019 forms are retained for BHS Invoice adjustments needed and for FY Cost Report reconciliations. These records and supporting documentation are used for future reference and in case of audits.

Provider Overpayment Recovery:

Providers must report to BHS whenever they received an overpayment. The MHP and DMC-ODS Plans are required to recover overpayments made to Providers within 60 calendar days after the date on which the overpayment was identified. Providers may send a check, payable to the SF Department of Public Health – BHS, to return overpayments. If a check is not received from the Provider, the SFDPH Fiscal Officer notifies the BHS Accounts Payable – Contracts office to deduct and recover overpayment amounts from the Provider's Invoice payment(s).

Reporting:

The SFDPH Fiscal - Cost Reports Unit provides FY cost reports and Program Settlement information to DHCS, to BHS Program Administration and to Contract Provider Agencies. As an addition to the normal Medi-Cal claims process, and per requirements of 42 CFR, section 438.608(d), the BHS Billing Manager is responsible for generating the annual fiscal year Voids Report for the MHP and DMC-ODS Plans, using the DHCS template. The Voids Report lists all Medi-Cal voided services in a Microsoft Excel spreadsheet with the following information:

a. Payer Claim Control Number
b. Client Index Number
c. Health Care Provider National Provider Identifier

d. Payment Amount
e. Federal Financial Participation Amount
f. Recovery Type Classification
- 42 CFR, section 438.608(d) or;
- All other Medi-Cal

The MHP and DMC-ODS FY Medi-Cal Void Reports are signed by the BHS Director and by the SFDPH Fiscal Officer, in accordance with 42 CFR, section 438.606 using the certification form in MHSUDS Information Notice 19-034. These Void reports are sent to DHCS annually and are due no later than the last day of February, following the close of the Fiscal Year period to: MedCCC@dhcs.ca.gov.

Contact Person:
SFDPH Fiscal, BHS Billing Manager, 1380 Howard Street, SF, Ca 94103

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