

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: BHS Prescription and Laboratory Services

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 San Francisco Health Network
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Manual Number: 3.01-3
 References:

Substantive revision. (Replaces policy 3.01-3 of 2/16/2010)

The purpose of this policy is to define who is eligible to receive both Behavioral Health Services (BHS) covered prescription and laboratory services, who is eligible to prescribe such services, and what services are available. This benefit extends to all qualified BHS clients regardless of age. It is the principle of BHS to ensure equal access to prescription and laboratory services for all outpatient clients of the Behavioral Health Services.

I. CLIENT ELIGIBILITY CRITERIA

1) Eligible clients must be enrolled in a San Francisco Behavioral Health Service (BHS) ambulatory care program, and do not qualify for any insurance coverage for prescriptions or laboratory services. Specific exceptions, such as in emergency situations, an inability to pay existing plan copays, exceeding plan coverage limits or specific coverage denials, may be authorized only by the BHS Medical Director or his/ her designee.

2) The following clarifies situations where coverage may be provided:

SITUATION	COVERAGE
Uninsured clients	Limited to clients who do not qualify for any insurance
Medi-Cal/Medicare and Medicare covered clients unable to pay copay	Copays for prescribed psychiatric medications up to pre-specified amount
Gap coverage when payor source is unknown	30 days with prior authorization by BHS Medical Director or designee
Medi-Cal clients with uncleared/unmet share of cost	Approved on a month-to-month basis when monthly share of cost cannot be cleared
Medi-Cal / Medi-Cal HMO clients pending Medi-Cal TAR approval	Limited supply with prior authorization by BHS Medical Director or designee, reviewed on a case-by-case basis
Court-ordered clients	Must be a registered BHS client

3) For clients hospitalized or residing in rehabilitation and long-term care facilities, prescription and laboratory services are provided by the client's own insurance plan or by provisions as stated in the facilities overall contract with BHS.

II. PRESCRIBER ELIGIBILITY CRITERIA

All prescribers affiliated with BHS programs are eligible to prescribe both medications and laboratory services to BHS clients.

III. WHAT MEDICATION AND LABORATORY SERVICES ARE AVAILABLE

1) Prescription benefits are limited to psychiatric medications listed in the BHS Formulary and must be prescribed and dispensed according to the BHS Formulary guidelines. If a prior authorization request (PAR) is required, it is the prescriber's responsibility to follow the current BHS protocol.

2) Laboratory benefits are limited to laboratory tests and procedures listed in the BHS Formulary and must be prescribed according to the BHS Formulary guidelines.

Contact Person: Director of BHS Pharmacy Services, 415-255-3659

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