

**Summary of CBHS Policy on Eligibility for Behavioral Health Services
for Individuals with Health Insurance or HMO Coverage**

Healthcare Coverage Type	Eligibility Requirements for Private Provider Network (SFPPN)	Eligibility Requirements for CBHS Community Based Organizational Providers	NOTES
<p>Medi-Cal Managed Care Plan (MCP) – Beneficiary is enrolled in a healthcare plan responsible for Primary Care. In SF County, these are:</p> <ul style="list-style-type: none"> • San Francisco Health Plan (includes Kaiser & other Preferred Provider Organizations) • Anthem Blue Cross - California Care 	<p>SFMHP prior authorization is required for Specialty Mental Health services.</p> <p>Substance Abuse services are NOT covered. Refer the Client to their MCP for a referral.</p>	<p>Specialty mental health services and treatment of substance use disorders are covered. Client must meet medical necessity criteria for CBHS Clinic services.</p>	<p>SFMHP - Behavioral Health Access Team, Foster Care MHP, and Family Mosaic authorize SFPPN services.</p> <p>Refer to DHCS MHSUDS Information Notice #14-020</p> <p>Prescriptions medications: DMH Psychotropic Drug Formulary covered under FFS MediCal; all others are covered by the MediCal Managed Care plan.</p>
<p>Family Mosaic Project – a Medi-Cal MH Managed Care Plan. FMP is also an MHSA Full-Service Partnership Program</p> <p>(Cal-MEDS shows an HCP code ‘601’ for the month of eligibility)</p>	<p>Family Mosaic authorizes all behavioral health and Wrap-around services for FMP Capitated Medi-Cal beneficiaries and for CYF MHSA FSP Clients.</p>	<p>Family Mosaic authorizes services for Medi-Cal Capitated enrollees and for FMP MHSA FSP Clients.</p> <p>TBS services are excluded from FMP capitation. CBHS CYF Program authorizes all TBS services.</p>	<p>Contact Family Mosaic at (415)206-7600 for information</p> <p>Prescription medications: FFS Medi-Cal</p>

<p>SFHP Healthy Workers SFHP Healthy Kids</p>	<p>Prior authorization by BHAC /SFMHP Access is required for specialty mental health and substance use disorder services</p>	<p>SFHP enrollees are eligible to receive services from CBHS Clinics provided medical necessity criteria are met.</p>	<p>Behavioral Health Access Team, Foster Care MHP, and Family Mosaic authorizes SFPPN services</p> <p>See CBHS Policy/Procedures on SF Health Plan. Co-payments apply in some cases.</p> <p>Prescription medications: SFHP is responsible for all Rx & Lab work</p>
<p><u>Health Maintenance Organizations (HMO), commercial Insurance plans, Medicare HMO Senior Advantage Plans</u> (i.e., Kaiser, Blue Shield, HealthNet, Brown & Toland, UHC, etc.)</p> <p>Client does NOT have <u>Medi-Cal</u></p> <p>See separate Policy sections on: Medi-Cal Mgd Care Plans (HCP) Family Mosaic Program Dual coverage with Insurance and Medi-Cal (OHC) Dual coverage with Medicare and Medi-Cal</p> <p>Policy exceptions apply for: ERMHS – Education Related Mental Health Services, IHBS – In-Home Based Supervision, Foster Care, Grant or Work-order funded clients and to Veterans.</p>	<p>The HMO or Insurance carrier is responsible for providing services to their enrollees. Refer all HMO, Insurance, and Medicare Senior Advantage Plan members to their insurance or HMO plan.</p> <p>Instruct the Client to contact their HMO for SA services. Provider must have Client authorization before releasing SA information.</p>	<p><u>Emergency, 5150 or Urgent /Crisis services:</u></p> <ul style="list-style-type: none"> ▪ OK to provide 5150 or Crisis MH treatment services without prior authorization from the HMO. However, <u>Providers must notify the HMO as soon as possible</u> for coordination of care and for billing instructions. ▪ HMO may issue an authorization for Crisis and follow-up visits. CBHS service costs must be paid by the HMO. Send a copy of the HMO authorization to the CBHS Billing Unit. ▪ Provide only authorized services to HMO Clients ▪ Complete the EGI and obtain a copy of their HMO card <p><u>Planned MH Services:</u></p> <ul style="list-style-type: none"> ▪ Refer Clients to their HMO for planned services. ▪ CBHS services are allowed only if: <ol style="list-style-type: none"> 1. the HMO prior authorizes services and agrees to pay the 	<p>If the HMO enrollee states they cannot afford their HMO Insurance Co-pay, refer them to the HMO’s <u>Member Relations Department</u> for assistance.</p> <p>Clinics may provide Court Ordered services.</p> <p>All other exceptions to this policy are handled on a case-by-case basis and approved by the CBHS Executive Team before HMO clients are admitted or planned services provided.</p> <p>If by exception, HMO clients are authorized by SFMHP, they are billed their UMDAP amount or the cost of services they received at Board of Supervisor’s rates, whichever is less.</p> <p>The HMO or Insurance may request a Single Case Agreement with SFMHP before authorizing services for their insured. SCA’s must cover the actual cost of services. <u>This option is available for Clinic services only, not</u></p>

		<p>cost of services, <u>and</u> the client meets SMI or SED medical necessity criteria, <u>and</u> there is Clinic capacity to provide services.</p> <p>OR</p> <p>2. CBHS clinic may submit a request for Case Review to the CBHS Director for Adult or for Children’s Programs, if the HMO is non-responsive (documentation required). The CBHS Age Director reviews on a case-by-case basis and approves services to HMO Members that will be funded by County GF. Clients must agree to pay their UMDAP fee or Service cost, whichever is less.</p> <p>Substance Abuse treatment: Instruct the Client to contact their HMO. Provider must have Client’s authorization to release information to the HMO. Prior authorization by the HMO or Insurance Plan <u>and</u> by CBHS - SFMHP, BHAC or FCMHP to render SA/SUD services is req’d.</p>	<p><u>SFPPN</u>, CBHS Performance & Compliance Director approves all Single Case Agreements.</p> <p>If authorized, send the HMO authorization and copy of the Client’s HMO card to CBHS Billing Unit; or, provide documentation of CBHS Age Director’s approval. Complete the EGI and Family Registration information in MyAvatar/CalPM.</p> <p>Prescription medications: The HMO Plan is responsible for all Rx and Lab work</p>
<p>HMO / Insurance and Medi-Cal (dually eligible Medi-Cal beneficiaries with HMO or Other Insurance Healthcare Coverage)</p>	<p>The HMO or Insurance carrier is responsible for providing services to their enrollee. SFMHP refers all HMO clients to their HMO.</p> <p>Medi-Cal is available if written documentation from the Insurance or HMO is received stating MH or SA services are not covered or benefits are exhausted for their benefit year. The Client is responsible for providing this documentation to BHAC. SFMHP limits authorization accordingly.</p>	<p>The CA Dept of Healthcare Services (DHCS) requires Client’s other healthcare coverage (HMO or Insurance) to be accessed before MediCal; otherwise, SDMC will not pay for MH or SA services. MediCal is the payer of last resort.</p> <p><u>Emergency, 5150 or Urgent /Crisis services:</u> OK to provide emergency treatment services without prior</p>	<p>Failure to obtain Insurance or HMO prior authorization, or Provider is not part of the HMO Network are not an acceptable denial reasons for Medi-Cal.</p> <p>BHAC, SFMHP Access Points, the Providers or the Client may obtain verification or documentation of HMO/Insurance denial of coverage or benefits exhausted before the HMO Member is admitted to a CBHS program and before services</p>

	<p>SFPPN services must be prior authorized by SFMHP, FCMHP or by Family Mosaic.</p>	<p>authorization from the HMO. However, <u>Providers must notify the HMO as soon as possible</u> for coordination of care and billing instructions. CBHS Billing will submit a claim to the HMO.</p> <p><u>Planned Services:</u> Refer Clients to their HMO for services. Written documentation from the Insurance stating MH services are not covered or benefits are exhausted is required</p>	<p>are provided.</p> <p>Send the HMO authorization or the HMO Denial Letter, and copy of the Client’s HMO card to the CBHS Billing Office.</p> <p>Provider completes the EGI in MyAvatar/CalPM</p> <p>Prescription medications: HMO Plan is primary and EDS Medi-Cal provides secondary coverage</p>
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<p>Fee-for-Service Medicare</p> <p>(Client has Medicare benefits and is not enrolled in a Medicare HMO Plan.)</p>	<p>CCR Title 9 excludes Medicare beneficiaries from receiving MH services from SFPPN. Refer the Client to a Medicare provider.</p> <p>Medicare providers bill Medicare (not SFMHP).</p> <p>Substance Abuse services by PPN are not covered by the SFMHP.</p>	<p>Refer the Client to a Medicare Clinic. Not all Clinics and only MD’s, Psychologists, LCSW, and Nurses, are certified under Medicare.</p> <p>Medication and Outpatient MH services must be rendered by a Medicare provider in order to be covered by Medicare. Non-covered services are County GF.</p> <p>Substance Abuse/SUD services are not covered by Medicare.</p>	<p>Refer to DHCS Information Notice #09-09, 10-11, 10-23, 11-06, and 13-24</p> <p>Prescription medications: Medicare Part D drug plan</p>
<p>Medicare HMO Plan</p> <p>The Medicare beneficiary is enrolled in a Senior Advantage Plan, also known as a Medicare Risk HMO or Medicare Part C plan</p>	<p>Refer the Client to their Medicare HMO plan for services.</p>	<p>Refer the Client to their Medicare HMO plan for services.</p> <p>Or, obtain a letter from the Medicare HMO plan certifying that the plan does not provide additional coverage than FFS Medicare <u>before</u> providing MH Adult Residential, Crisis Residential, Day Treatment, or Substance Abuse treatment services. Send the letter to CBHS Billing. Outpatient and Medication services are rendered by the Medicare HMO plan; otherwise, the HMO plan must prior authorize and agree to pay CBHS for these services.</p>	<p>Refer to DHCS Information Notice #09-09, 10-11, 10-23, 11-06, and 13-24</p> <p>Prescription medications: The Medicare HMO Plan is responsible for all Rx and Lab</p>
<p>Medicare and Medi-Cal</p> <p>Dually eligible Medicare and MediCal beneficiaries, also known as Medi-Medi.</p>	<p>CCR Title 9 excludes coverage for dually-eligible Clients from County MH Plans unless there is documentation indicating services are not covered by Medicare or that the Client’s Medicare benefits are exhausted.</p>	<p>SFMHP Access/BHAC refer Medicare clients to Medicare certified MH Clinics. Client receives services from a Medicare Clinician. Not all Clinics are Medicare certified. Only MD’s, Psychologists, LCSW, and Nurses</p>	<p>Refer to DHCS Information Notice #09-09, 10-11, 10-23, 11-06, and 13-24</p> <p>Prescription medications: Medicare Part D drug plan</p>

	<p>BHAC/ SFMHP Access prior authorization is required.</p>	<p>are eligible for Medicare.</p> <p>Medication and Outpatient MH services rendered by MD/Psychiatrists, Psychologists, LCSW, and Nurses (Nurse Practitioners, CNS and RN) must be billed to Medicare before SDMC, otherwise they are denied by Medi-Cal.</p> <p>CBHS bills Medicare (Noridian) for MH services provided in certified clinic sites only.</p> <p>Substance Abuse/SUD services are not covered by Medicare. Services rendered by Drug Medi-Cal providers are covered and directly billed by CBHS to SDMC</p>	
<p>Healthy San Francisco (HSF)</p>	<p>HSF enrollees can be referred to SFMHP by their Medical Home, or the Client may contact BHAC/ SFMHP Access to request MH services.</p> <p>BHAC or SFMHP Access Points is responsible for authorizing all SFPPN services.</p> <p>The HSF Point-of-Service (POS) fee charged to Clients by CBHS is their UMDAP annual amount less their HSF annual premium amount; or the cost of services, whichever is less.</p>	<p>HSF enrollees can be referred to CBHS Clinics by their Medical Home; or, the Client may contact BHAC/ SFMHP Access to request behavioral health services.</p> <p>The HSF Point-of-Service (POS) fee charged to Clients by CBHS is their UMDAP annual amount less their HSF annual premium amount; or the cost of services, whichever is less.</p>	<p>Contact CBHS Patient Accounts Billing at (415) 255-3542 for assistance with UMDAP or HSF Client fee information.</p> <p>Prescription medications: CHN designated pharmacy or CBHS network pharmacy</p>

<p>Fee-for-service Medicare and Insurance (aka Medi-gap)</p> <p>Client has Medicare and Insurance healthcare coverage.</p> <p>Insurance Medi-gap plans cover Medicare deductibles and Patient co-payments only. Medi-gap plans do not cover services that are not covered by Medicare.</p>	<p>Title 9 CCR specifically excludes coverage by SFMHP for Medicare services.</p> <p>The Center for Medicare and Medicaid Services (CMS, formerly HCFA) requires Medicare beneficiaries to obtain services from Medicare Providers.</p> <p>Medicare Providers bill Medicare directly for services they render to Medicare beneficiaries.</p>	<p>SFMHP Access Points refer Medicare clients to Medicare certified Clinics. In addition, MD, Psychologists, LCSW, and Nurses (NP, CNS, RN) who render Medication and Outpatient MH services must be Medicare certified.</p> <p>Services rendered by Clinicians in Clinics that are not Medicare certified are <u>County GF</u>.</p> <p>Clients are charged UMDAP or their Service costs less Medicare payments and adjustments, whichever is less. Advanced Beneficiary Notice (ABN) is required and must be completed.</p> <p>Substance Abuse / SUD services are not covered by Medicare or by Medi-gap plans.</p>	<p>If Client is admitted to a CBHS Program, the Clinic must complete EGI information and send a copy of the client’s Medicare and Medi-gap insurance card to the CBHS Billing Unit.</p> <p>Prescription medications: Medicare Part D drug plan</p>
<p>Education Related Mental Health Services (ERMHS, formerly AB3632) – CYF Prg Clients receiving ERMHS that are included in their annual Individualized Education Plan (IEP)</p>	<p>The CBHS ERMHS Unit authorizes all mental health services, including Assessments.</p> <p>SFPPN services must be prior authorized by CBHS ERMHS Unit.</p> <p>Substance Abuse/ SUD services are not covered.</p>	<p>CBHS ERMHS Unit coordinates Clients’ mental health services with the SF Unified School District (SFUSD).</p> <p>Client’s Individualized Education Plan (IEP) describes MH services that are covered by ERMHS. An annual IEP is required.</p> <p>Complete the EGI and indicate ERMHS as a Guarantor.</p> <p>If Client has Medi-Cal and OHC (Insurance in addition to Medi-Cal benefits), services will not be billed to OHC or to SDMC.</p>	<p>Refer to CBHS Policy/Procedure #3.04-05 for information.</p> <p>ERMHS services are reported to the State’s Client Services Information System (CSI) and special coding is required.</p> <p>Prescription medications: If Insured, the Insurance or HMO covers all prescription medications. If not Insured, prescription will be under CBHS Indigent program</p>
	<p>FCMHP authorizes services to SFPPN</p>	<p>FCMHP authorizes services.</p>	<p>See also “ERMHS” if FC Clients</p>

<p>Foster Care MHP Clients</p> <p>FC Clients have Medi-Cal benefits.</p>	<p>FCMHP may authorize services for Foster Care Clients’ significant persons, including if SDMC medical necessity criteria are not met and/or when they have other healthcare coverages. FCMHP uses the DHS Workorder for these services.</p>	<p>FCMHP may authorize services for Clients and for their significant persons, including when SDMC medical necessity criteria is not met or if diagnosis is not covered. FCMHP enters the Medi-Cal guarantor and “DHS Insurance” on the EGI as the funding source for Non-Medi-Cal services</p>	<p>are in the program.</p> <p>Prescription medications: FFS Medi-Cal</p>
<p>Veterans</p>	<p>Veterans may elect to receive specialty MH and/or SA services from SFMHP instead of the VA.</p> <p>Client must meet medical necessity criteria <u>and</u> BHAC /SFMHP Access must authorize SFPPN services.</p>	<p>Veterans may elect to receive MH or SA services from CBHS Clinics. Veterans’ insurance plan denial of coverage is not required.</p> <p>Client must meet medical necessity criteria.</p> <p>Complete the EGI and enter “Veterans Administration” as the guarantor</p>	<p>See CBHS Policy Letter</p> <p>Prescription medications: Champus or Tricare cover Rx and Lab work</p>
<p>Federal or State Grants</p>	<p>SFPPN specialty services must be prior authorized by the CBHS Section managing the Grant <u>and</u> by BHAC /SFMHP Access</p>	<p>CBHS SOC Program and Grants Unit manage Clients and Services in specific RU’s that are covered by Grants.</p> <p>Complete the EGI and enter “Grant” as the guarantor.</p>	<p>Contact CBHS Grants Unit or CBHS SOC Program Manager for information.</p> <p>Prescription medications: Contact the CBHS Pharmacy Director at (415)255-3703</p>
<p>All Other Special Programs or Funding Sources</p>	<p>Client must meet medical necessity criteria <u>and</u> BHAC /SFMHP Access must prior authorize SFPPN services.</p>	<p>Contact the CBHS Billing Office for assistance. Call the Billing Inquiry Line at (415)255-3557 or send e-mail to: Nanalisa.Rasaily@sfdph.org or to Maria.J.Barteaux@sfdph.org</p>	<p>Prescription medications: Contact the CBHS Pharmacy Director at (415)255-3703</p>