



City and County of San Francisco
Department of Public Health
SAN FRANCISCO HEALTH NETWORK

Mayor Edwin Lee

Jo Robinson, LMFT
Director
Behavioral Health Services
1380 Howard Street, Room 518
San Francisco, CA 94103

Letter to BHS Providers regarding Medicare Clients

December 11, 2015

Dear BHS Program Director,

A BHS Billing Provider Bulletin, *Alert about the Open Enrollment Period*, was issued to all MH and SUD Programs last October, 2015, to point attention to the annual open enrollment period for Medicare and Covered California health plans, and the dates when clients can sign-up for, or change, their healthcare coverages. (A copy of this bulletin is attached for your reference.) Changes clients make to their healthcare coverages during this open enrollment period may become effective as early as January 1, 2016.

This letter is to request your program to follow-up with your clients who have Medicare benefits regarding actions they may or may not take during this open enrollment period that will affect their eligibility to continue receiving mental health services from BHS, and from your program.

The ability of your clients who are on Medicare to continue receiving mental health services from your BHS-funded program will be affected during this open enrollment period in any of the following ways below:

1. *Medicare HMO Part C – Senior Advantage Plans*

If during this open enrollment period, your client enrolls into a Medicare HMO Part C - Senior Advantage Plan, then BHS and your program *can no longer provide mental health services to this client*, because BHS is not part of any HMO Plan network, and also because the California Department of Health Care Services (DHCS) is terminating all certified “Exempt” Medicare HMO Plans as of December 31, 2015.

County mental health services can no longer be provided to Medicare-only or to dually-eligible Medi-Cal/Medicare clients whose Medicare benefits are enrolled into these HMO Senior Advantage Plans beginning on January 1, 2016.

If your client is, or becomes, enrolled into a Medicare HMO plan during this open enrollment period, please transition their mental health care to their HMO. This transition has to be done even if the client also has Medi-Cal benefits. The Medicare HMO has primary responsibility for the client’s healthcare services, including for behavioral health. You can coordinate the transition of the client’s mental health services to the Medicare HMO with the plan’s Primary Care Physician (PCP) for the client.

A 30-day transition period is allowed wherein BHS will cover your program’s services to these clients.

2. Medicare-only (Part B Fee-for-Service)

BHS clients who have Part B (Fee-for-Service) coverages should receive their BHS-funded outpatient mental health services from Medicare-certified BHS providers, so that BHS is able to bill Medicare to pay for these services. Services rendered to Medicare-only clients by BHS clinics that are not Medicare certified sites, and/or by clinicians who are not Medicare providers, are not covered by, and unable to be billed to, Medicare, and as a result, BHS is not able to avail of Medicare reimbursement that's potentially available. Therefore, if your program is not a Medicare certified site, please refer Medicare-only clients to a Medicare-certified BHS provider. Contact BHAC for assistance with the referral. [Please note, Medicare requires an Advanced Beneficiary Notice (ABN) to be completed and signed by the client before services are provided. The ABN certifies the client agrees to receive services and to pay for any uncovered services out-of-pocket.]

3. Dually-eligible Medi-Cal and Medicare Part B

Dually-eligible Medi-Cal and Medicare Part B (no HMO, fee-for-service) clients can receive services from BHS providers. Medicare will be billed first by BHS, and then Medi-Cal, as the payor of last resort, will pay BHS for the services that are not covered by Medicare.

Attached is a list of the Medicare clients who are open in your program. Please follow-up with them to obtain their Medicare enrollment information. Remember to complete the Episode Guarantor Information (EGI) form in Avatar/CalPM anytime you become aware of a change in your client's healthcare coverage or eligibility information, especially as changes may take place during this open enrollment period, whether the change be from Part B to Part C (HMO), or vice versa.

CBHS Billing will begin verifying Medicare clients' coverage information beginning in January 2016. You will be notified about clients who are, or have become, enrolled into Medicare HMO Part C plans, so that transition of mental health care to the HMO can commence. Please contact Maria Barteaux or Nanalisa Rasaily in CBHS Billing if you need further assistance or for questions you may have. Maria can be reached by e-mail at Maria.J.Barteaux@sfdph.org. Nanalisa's e-mail address is Nanalisa.Rasaily@sfdph.org.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jo Robinson".

Jo Robinson, LMFT