CBHS Billing - Provider Bulletin

Important Dates for 2016 Open Enrollment Period

Every year, there is a short window of time when people can change or enroll in a health insurance plan. This is called the "Open Enrollment Period". This bulletin provides an explanation of Health Insurance options available for Medicare and Covered California during this period. **For 2016 coverages, the Health Insurance Market's Open Enrollment Period starts October 1, 2015 thru January 31, 2016.** Please assist your Clients as they navigate the healthcare plan selection process so they can continue to receive CBHS services. As their Provider, you also need to be aware of the changes your Clients make to their healthcare coverage so you may take the actions necessary to ensure accurate billing. Note that, people may qualify for a Special Enrollment Period (SEP) if they have certain life events such as, getting married, having a baby, or losing coverage due to employment changes, etc. Otherwise, for most health insurance plans, no new enrollments or changes can be made except during the Open Enrollment Period.

Please complete the EGI or Episode Guarantor Information form in Avatar/CalPM anytime there is a change in your Client's Medi-Cal or Medicare eligibility or Insurance coverage. The EGI is used for determining the funding source(s) or Guarantor for your Program's services.

Medicare

There are two enrollment periods for Medicare. Beneficiaries can sign-up with a new or a different Medicare Advantage Plan (aka Part C) and/or a Prescription Drug plan (aka Part D) for the coming year during the first enrollment period from 10/15/15 to 12/7/15. From 1/1/16 to 2/14/16, Beneficiaries who are currently enrolled in a Medicare Advantage Plan can disenroll and sign up with the FFS (fee-for-service) Original Medicare. Some Medicare Advantage Plans are HMO insurance plans that provide Outpatient and Inpatient services; they may also include Prescription Drug coverage. CBHS is **not** part of any Medicare Advantage HMO Plan network and therefore, cannot provide behavioral health services to Clients who are enrolled in these HMO plans.

During this enrollment period…	Medicare Beneficiaries can…
October 15, 2015 to December 7, 2015 Medicare Open Enrollment Period (Changes will take effect on January 1, 2016.)	• Change from Original Medicare to a Medicare Advantage (MA) Plan (CBHS Programs cannot provide services to MA plan enrollees) • Disenroll from a Medicare Advantage Plan and go back to Original Medicare Part B (CBHS Programs can provide services to Medicare Part B Clients) • Switch from on MA Plan to another MA Plan (CBHS Programs cannot provide services to any MA enrollees)

	• Switch from a MA Plan that doesn't offer drug coverage to a MA Plan that offers drug coverage (CBHS Programs cannot provide services to any Medicare Advantage plan enrollees) • Join a Medicare Prescription Drug Plan • Switch from one Medicare Prescription Drug Plan to another Plan • Drop your Medicare prescription drug coverage completely NOTE: Medicare beneficiaries need to sign-up with a Prescription Drug Plan (Medicare Part D) for coverage; otherwise, they will be responsible for paying for all of their prescription drugs.
January 1-February 14 January 1, 2016 to February 14, 2016 Medicare Advantage Disenrollment Period (MADP)	• Disenroll from a Medicare Advantage Plan and go back to Original Medicare Part B (CBHS Programs can provide services) If the switch to Original Medicare is done during this period, the beneficiary will have until February 14 to also join a Medicare Prescription Drug Plan for their Prescription drug coverage. Their prescription drug coverage will begin on the first day of the month after the plan gets the enrollment form. **Note:** During this period, a Medicare beneficiary **CANNOT:** • Switch from Original Medicare to a Medicare Advantage Plan • Switch from on Medicare Advantage plan to another MA • Switch from one Medicare Prescription Drug Plan to another • Join, switch, or drop a Medicare - Medical Savings Account Plan

Medicare Enrollment Help

The Health Insurance Consumer Advocacy Program (HICAP) provides free assistance to Medicare beneficiaries, their family, and Caregivers to understand their health insurance benefits, options, and rights. Health insurance counselors who are registered with the California Department of Aging provide unbiased and one-on-one assistance. Call (415) 677-7520 to make an appointment in SF. Visit their website for further information: www.hicap.org

CMS offers an online enrollment center (OEC) through the *Medicare.gov* website and thru a Call Center, phone number 1-800-MEDICARE (1-800-633-4227, or 1-877-486-2048). The Call Center can handle enrollments into Medicare Advantage plans and Prescription drug plans during the open enrollment period from October 15 to December 7, 2015.

Medicare Advantage Disenrollment Period to change to Original Medicare (Part B)

Medicare Advantage (MA) plan enrollees have an opportunity to prospectively disenroll from any MA plan and return to Original Medicare between January 1 and February 14, 2016. Original Medicare is the regular, fee-for-service Medicare Part B plan; enrollees can go to any Medicare Provider they choose, including CBHS. They can (and should) enroll in a Medicare Prescription Drug Plan at the same time. The effective date of the MA disenrollment request made during this period will be the

first of the month following receipt of their disenrollment request. For example, a request made in January will be effective February 1, and a request made in February will become effective March 1.

Covered California Health Insurance Plans (thru the Affordable Care Act)

The Open Enrollment Period is from November 1, 2015 to January 31, 2016. Coverage can start as soon as January 1, 2016.

- **December 15, 2015** is the Last day to enroll in or change plans for new coverage to start January 1, 2016.
- **January 15, 2016** is the Last day to enroll in or change plans for new coverage to start February 1, 2016
- **January 31, 2016:** the 2016 Open Enrollment Period ends. Enrollments or changes between January 16 and January 31 take effect March 1, 2016. No enrollments or insurance changes can be made for health coverage in 2016 unless for Special Enrollments (SEP).
- **CCHP** - the Chinese Community Health Plan is currently the only Covered California health insurance plan that includes the San Francisco Health Network (SFHN). CBHS provides specialty behavioral health services to CCHP enrollees.

There are 5 health Insurance Carriers that San Francisco residents can select under Covered California. Some are PPO plans that allow Enrollees to access services from any provider, such as CBHS; while HMO plans require enrollees to get their health services from network providers (not CBHS). These 5 Covered California Insurance plans are:

1. Anthem PPO	**2. Blue Shield PPO**	**3. CCHP HMO**
4. Health Net EPO	**5. Kaiser Permanente HMO**	

PPO Plans

PPO plans gives flexibility to their Insured to select their healthcare Providers. PPO Enrollees can go to any health care Provider without first obtaining a referral from their Primary Care Physician (PCP) and they can go to Clinics that are Inside or Outside the Insurance Plan's Provider Network. If they receive healthcare services from their Plan's In-network Providers, their copay amounts or out-of-pocket expenses will be smaller and there is coverage for services received. If the Enrollee chooses to receive services from Providers who are NOT part of the Plan's Network, they will pay a higher Copay amount or out-of-pocket expense, and not all services may be covered. **The CBHS Policy requires written confirmation from the PPO Enrollee who wishes to receive their Specialty MH or SUD services from CBHS and pay a higher out-of-pocket cost for them, than they do from their PPO's In-network Providers.**

EPO Plans

EPO plans combine the flexibility of PPO plans with the cost-savings of HMO plans. EPO Enrollees do not need to choose a primary care physician, and they do not need to obtain a Referral before they see a Specialist. However, Enrollees have a limited network of doctors and hospitals to choose from. EPO plans do NOT cover care outside their Provider Network unless an emergency. It is important to know which Clients are enrolled in an EPO plan. If the Client obtains services from a Provider or Hospital that is not part of the EPO, the Client will pay all costs**. The CBHS Policy is to refer EPO enrollees to their EPO Network Providers for services.**

HMO Plans

With an HMO plan, the Client needs to pick a Primary Care Physician (PCP). Most of their health care services are provided by their PCP and referrals for Specialty health services the Client needs must be prior-approved, except in an emergency. Further, visits to health care professionals outside of the HMO Plan's network are typically NOT covered**. The CBHS Policy is to refer HMO enrollees to their HMO PCP for services.**

Medi-Cal and the Children's Health Insurance Program

- There is no limited enrollment period for **Medi-Cal** or for the **Children's Health Insurance Program (CHIP)**. People can apply for Medi-Cal benefits or enroll with the SFHP Healthy Kids plan at any time.
- These programs provide free or low-cost health coverage to low-income people, families and children, pregnant women, the elderly, and people with disabilities.
- Contact the CBHS - Behavioral Health Access Center for assistance: (415)255-3737.

NOTE: There are fees that will be charged to people who do not have healthcare coverage in 2016. The fee is higher in 2016 than it was in 2015. In addition, they will may also be charged the Full Cost of healthcare services they receive since they have no insurance.

Billing UPDATES

CBHS Patient Fees

- **It is against State regulations for Providers to collect payments from Full Scope Medi-Cal Clients, except for their monthly Medi-Cal Share-of-Cost (SOC).**
- Providers determine the UMDAP Amounts payable for their Clients. UMDAP can be adjusted up or down for Therapeutic reasons which must be documented in the Client's Progress Note or Chart.
- The UMDAP amount determined for a Client is the maximum Patient Fee amount payable for CBHS services the Client receives during their one-year UMDAP period.
- The Client is billed the Cost of services received or their UMDAP amount, whichever is less.
- Patient payments that exceed the Client's UMDAP or Medi-Cal SOC amounts must be refunded to the patient within 7 days or as soon as possible, per the Federal Compliance Guideline.
- **If there is more than 1 payment refund processed to a Patient or their Account Responsible Party, a completed and signed IRS W-9 form is required by the City Controller's Office.**
- The Provider who collected the unauthorized payment is responsible for obtaining the W-9 form from their Client and for its timely submission to the CBHS Billing Office. Billing forwards the form to the City Controller's Office so they can process the payment refund.

UMDAP

According to the 2015 Federal Poverty Level (FPL), anyone with a monthly Income of $950 or LESS, may qualify for Medi-Cal or for Healthy SF, if they are an undocumented immigrant. County Providers are required to refer these Clients to an Eligibility Worker so they can obtain Medi-Cal benefits and/or other entitlement. **The minimum annual UMDAP amount based on the 2015 FPL is $99**; it is no longer $37. Providers may adjust UMDAP amounts for Therapeutic reasons. The UMDAP Adjustment Reason must be documented in the Client's chart or progress notes.

Following is the 2015 FPL and corresponding UMDAP Sliding Fee Schedule.

	2015		Monthly Adjusted Gross Income	Persons in Household			
FPL %	Annual	Monthly		1	2	3	4
100%	$11,770	$980	0950-0999	$99	$80	$72	$65
120%	$14,124	$1,177	1000-1049	$111	$90	$81	$75
133%	$15,654	$1,305	1050-1099	$125	$101	$91	$82
135%	$15,889	$1,324	1100-1149	$140	$113	$102	$92
140%	$16,478	$1,373	1150-1199	$156	$126	$113	$102
145%	$17,066	$1,422	1200-1249	$177	$143	$129	$116
150%	$17,655	$1,471	1250-1299	$200	$162	$146	$131
175%	$20,597	$1,716	1300-1349	$226	$183	$165	$149
185%	$21,774	$1,815	1350-1399	$255	$207	$186	$167
200%	$23,540	$1,962	1400-1449	$288	$233	$210	$189
250%	$29,425	$2,452	1450-1499	$326	$264	$238	$214