COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 9, POLICY 012

CONLAN V. BONTA (2002)

A. **PURPOSE:** The California Department of Health Services was ordered by the Superior Court to implement a process, effective November 16, 2006, enabling Medi-Cal beneficiaries to obtain prompt reimbursement for paid out-of-pocket expenses for Medi-Cal covered services received during periods of beneficiary Medi-Cal eligibility. Valid beneficiary reimbursement claims for paid out-of-pocket expenses for Medi-Cal covered services for dates of services between June 27, 1997, and the Court ordered implementation date of November 16, 2006, must be submitted within one year from the implementation date, November 16, 2007. Beneficiaries or their representatives are required to submit a completed beneficiary reimbursement claim packet to the Beneficiary Service Center (BSC) established by State Department of Mental Health when requesting reimbursement for paid out-of pocket medical expenses pursuant to the Court's orders.

B. **FORMS REQUIRED/ATTACHMENTS:** N/A

C. **DEFINITIONS:**

D. **POLICY:** Medi-Cal beneficiaries may obtain prompt reimbursement for out-of-pocket expenses for Medi-Cal covered services received during periods of Medi-Cal eligibility from their provider. These periods include:

- The retroactive eligibility period (up to three (3) months prior to the month of application to the Medi-Cal Program);
- The evaluation period (from the time of application to the Medi-Cal Program until eligibility is established); and
- The post-approval period (the time period after eligibility is established).

Starting January 1, 2006, medications covered under Medicare Part D will not be a covered benefit under the Medi-Cal Program and are not eligible for reimbursement. Beneficiaries are to call 1-800-Medicare for questions regarding Medicare Part D.

E. **PROCEDURES:**

1. DEADLINE FOR FILING REIMBURSEMENT CLAIMS
   Valid beneficiary reimbursement claims for paid out-of-pocket expenses for Medi-Cal covered services for dates of service between June 27, 1997, and November 16, 2006, must be submitted by November 16, 2007. Beneficiary reimbursement claims for dates of service on or before November 16, 2006, which are submitted after November 16, 2007, will be denied by the BSC (unless the beneficiary received their eligibility approval within ninety (90) days of November 16, 2007, and was eligible for the service on the date of service). For services

received on or after November 16, 2006, beneficiaries must submit a claim within one year of receipt of services or within 90 days after issuance of the Medi-Cal card, which ever is longer.

2. HOW TO FILE A REIMBURSEMENT CLAIM
   To file a reimbursement claim, beneficiaries must call or write to Medi-Cal at:
   California Department of Health Services Beneficiary Services
   P.O. Box 138008
   Sacramento, CA 95813-8008
   (916) 403-2007
3. A complete reimbursement claim consists of:
   a. A completed claim form;
   b. A completed State of California Standard 204 (Payee Data Record) form;
   c. A copy of the Medi-Cal Benefits Identification Card;
   d. Dated proof of payment(s) by the beneficiary or another person on behalf of the beneficiary, for the service(s) received (cancelled check, provider receipts, etc.) with an itemized list of services covered by the payment, and to whom the payment was made; and
   e. Medical necessity documentation and declarations, when required. Beneficiaries or their representatives are required to submit a completed beneficiary reimbursement claim packet to the BSC when requesting reimbursement for out-of-pocket medical expenses pursuant to the Court's orders. The BSC is responsible for responding to questions and ensuring the completeness of claims. Incomplete claims will be returned to the submitter for completion. Incomplete claims that are not resubmitted within thirty (30) days or that have been returned to the submitter for a third time, as well as claims that are determined to be invalid will be denied. A letter will be sent to the beneficiary with an explanation for the denial and notifying the beneficiary of the right to request a State Fair Hearing.
4. STATE FAIR HEARINGS
   If Medi-Cal denies a claim for reimbursement, the BSC will notify the beneficiary of his/her right to appeal the decision through the State Fair Hearing process, and will provide the beneficiary with a Beneficiary Reimbursement Hearing Request Form in case s/he chooses to file a State Fair Hearing. The beneficiary will have (90) days from the date of notice to file a State Fair Hearing. A request for a State Fair Hearing may be made in writing to the State Hearing Division, California Department of Social Services, P.O. Box 944243, Mail Station 19-99, Sacramento, CA 94244-2430, or by telephone to 1-800-952-5253. The MHP is responsible for preparation of a position paper for the State Hearing process. All letters and correspondence are to be printed on the MHP's letterhead.
5. MHP RESPONSIBILITY
   The MHP must process specialty mental health services reimbursement claims with dates of service of July 1, 2006, and later. The MHP is required to:

   a. Receive and log the reimbursement claim. The log must include, but is not limited to: the date that the claim was received, the claim issue number referenced on the bottom of the claim form, the name of the beneficiary, the date the claim was referred to the provider for payment, the date of provider payment or denial of payment, and if the provider refuses to pay, the MHP date of payment.

b. Validate that the beneficiary reimbursement claim belongs to the MHP, and that the claim is for a covered specialty mental health service. If the MHP identifies that the claim belongs to a different MHP, the MHP will return the claim to DMH at 1600 9th Street, Sacramento, CA 95814, Room 100, and fax the claim to (916) 651-0493, Attn: Beneficiary Reimbursement Claim, with a brief explanation in writing within 10 days of receipt of the claim.
c. The MHP must determine if there is a previous payment through the Short Doyle/Medi-Cal (SD/MC) system. The MHP can contact DMH to assist making this determination by calling (916) 654-5744 and requesting to speak with the beneficiary reimbursement claims staff in the Medi-Cal Mental Health Operations Unit.
d. If a previous payment through the SD/MC system exists, the MHP notifies the provider of a duplicate payment and instructs the provider to refund the beneficiary within 30 days. The provider is to notify the MHP in writing of the refund. The MHP then sends a letter to the beneficiary informing that the provider has sent payment, and submits a copy to DMH to verify the refund.

6. CRITERIA FOR ESTABLISHING VALIDTATED BENEFICIARY CLAIMS

Claims that meet all of the following criteria are considered valid:

a. The beneficiary was eligible for Medi-Cal at the time the service(s) was (were) provided;

b. The service(s) provided was (were) a Medi-Cal covered service, i.e., a Medi-Cal. benefit at the time the service(s) was (were) rendered;

c. The beneficiary was eligible to receive the service(s) at the time the service(s) was (were) rendered. Reimbursement to beneficiaries with restricted benefits will be available only for those specific restricted Medi-Cal benefits;

d. For those Medi-Cal services that would have required Medi-Cal authorization, the beneficiary has documentation from the Mental Health Plan that shows medical necessity for the services(s);

e. The claimed cost(s) was (were) not required to meet co-payments, share-of-cost or other cost-sharing requirements;

f. The beneficiary was not previously reimbursed for the claimed service(s) by Medi- Cal other Medi-Cal funded program, the healthcare provider or by the third party; or

g. The beneficiary did not have other health coverage at the time the service(s) was (were) rendered that would have been obligated to pay any portion of the Medi-Cal covered rate of the claimed cost(s).

h. For claims for Medi-Cal covered service(s) provided during the evaluation period, for date(s) of service on or after February 2, 2006, the service(s) must have been

rendered by a provider who was an active Medi-Cal authorized provider at the time of service.

7. INVALID BENEFICIARY REIMBURSEMENT CLAIM

   If the claim is determined to be invalid, the MHP will send a letter to the beneficiary denying the claim, and provide a copy to DMH to verify the denial.

8. REIMBURSEMENT OF CLAIMS

   The provider is required to reimburse the beneficiary within thirty (30) days of receipt of the beneficiaries claim. If the provider fails to reimburse the beneficiary, the MHP is responsible for reimbursing the beneficiary within thirty (30) days of the provider's refusal to do so. If both the provider and the MHP fail to reimburse the beneficiary, DMH will do so within twenty (20) days of the MHP's refusal to do so and will withhold the amount of that reimbursement from future payments to the MHP.

9. PROVIDER PROBLEM RESOLUTION

   In the event of a disagreement between the MHP and the provider, the MHP will assure the Provider Problem Resolution Process as described in California Code of Regulations (CCR), Title 9, Section 1850.305 and Section 1850.310 is followed.

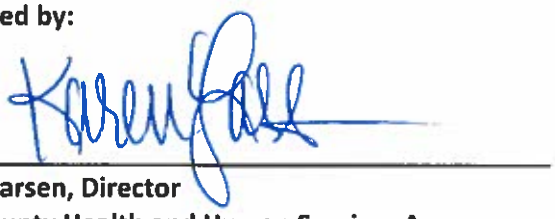
10. RECORD RETENTION

    The MHP shall keep all beneficiary reimbursement claims, denied or approved, on file for three (3) years from the date of receipt.

F. REFERENCES:

1. W&I Code, Section § 14019.3
2. DMH Notice No. 06-09
3. DMH Letter No. 07-01

Approved by:



Karen Larsen, Director
Yolo County Health and Human Services Agency

1/30/18

Date