

**San Mateo County MHP  
Procedure Manual**

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|--|--|---|
| <b>Procedure: MHP 07-04<br/>Attachment H</b> | <b>TITLE: Processing Denied MHP Claims</b> | <b>Effective Date:<br/>January 2017</b> |
| <b>Revision: 1</b>                           | <b>Dept: Claims</b>                        | <b>Page 1 of 7</b>                      |

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| <b>Approval By:</b>                      | <b>Date:</b>     |
| <b>Scott Gruendl, Assistant Director</b> | <b>July 2018</b> |
| <b>Doreen Avery, Billing Manager</b>     | <b>July 2018</b> |
|  |                  |
| <b>Next Annual Review Date:</b>          | <b>July 2019</b> |

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| <b>Authored By:</b> Billing Manager                               |
| <b>Pursuant To:</b> Medicare Managed Care Manual Chapter 13       |
| <b>Departments Impacted:</b> Claims, MIS, Administrative Services |

**Purpose**

To document San Mateo County Mental Health Plan’s (MHP) procedure for terminating or reducing authorized services due to loss in eligibility.

**Scope**

This procedure has been developed in accordance with all applicable Medi-Cal and CMS guidance and applies to the MHP line of business.

**Responsibility and Authority**

The Billing Manager is responsible for overseeing the notifications to the provider and client for loss of eligibility.

**1.0 Identifying Loss of Eligibility**

- 1.1 The monthly Medi-Cal eligibility file (MMEF) and the HPSM Care Advantage/CMC monthly file identify new and terminated enrollees.
- 1.2 At the beginning of each month, MSO claims staff identifies those clients who have lost eligibility and have an open authorization.

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- 1.3 MSO claims staff changes the authorization end date to the 15<sup>th</sup> of the following month.

**2.0 Provider and Member Notification**

- 2.1 MSO staff sends the revised authorization, a Notice of Action (NOA B)\* and a loss of eligibility notification to the client. At the same time, MSO staff sends the revised authorization, a notification letter and a copy of the client’s loss of eligibility notification to the provider.

**3.0 Addendum- Notification letters**

- 3.1 Client Notification Letter (Attachment A)
- 3.2 Provider Notification Letter (Attachment B)
- 3.3 NOA B (Attachment C)

\*NOTE: The Notice of Action policy and forms are currently under revision based on new requirements found in The Department of Health Care Services MHSUDS Information Letter 18-010E. It will be updated prior to the next review.

[http://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/NOABD%20IN/MHSUDS IN 18-010 Federal Grievance Appeal System Requirements.pdf](http://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/NOABD%20IN/MHSUDS%20IN%2018-010%20Federal%20Grievance%20Appeal%20System%20Requirements.pdf)

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**Attachment A**

**Thirty Day Notice of Termination  
Of Previously Authorized Services**

**Today's Date:**

**Dear Client:**

**AVATAR Client ID:**

San Mateo County's Department of Behavioral Health & Recovery Services (BHRS) has recently determined that you are no longer eligible for BHRS PPN services because you have lost the health insurance coverage required for the ongoing billing of your services.

We must change your current Treatment Authorization to end on     /     /     . This allows for a minimum 30 day transition with your provider. During this period, you may continue to receive services from your provider. Please discuss this transition with your provider.

If you require assistance with regaining eligibility access to your prior health insurance coverage under the Medi-Cal, Healthy Kids or Health Plan of San Mateo - CareAdvantage plans, or need other health insurance related assistance, please contact Behavioral Health & Recovery Services *Health Insurance Outreach and Enrollment Team* at (650) 573 3502.

This team can assist you with: 1) Enrollment assistance into Medi-Cal, Healthy Kids, San Mateo ACE and CareAdvantage/Cal MediConnect. 2) Enrollment assistance into a private insurance plan through California's Individual Marketplace, called Covered CA, during the General and Special Enrollment periods. 3) Referral to HICAP / Self-Help for the Elderly, San Mateo, for assistance with Medicare-related issues.

This team can accommodate in-person appointments at any of the BHRS clinic sites in San Mateo County located in Daly City, San Mateo, Redwood City, East Palo Alto and Half Moon Bay, or via phone. Under special circumstances a home visit can be arranged, if the home has available Internet access. At the appointment please be prepared to provide:

- proof of *current income* (such as a paystub, employer letter, tax records or self-employed profit/loss statement).
- *current assets* (such as bank and/or retirement and/or investment account(s), vehicle registration and life insurance policy),
- U.S. citizenship or lawful immigration status* (any documentation from USCIS/Homeland Security or an immigration judge or lawyer for active or pending status).
- San Mateo County residency* (such as State I.D. or Driver's License, rental agreement or utility bill) upon request for the re-evaluation for available public health insurance coverage in San Mateo County, or through Covered CA.

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NOTE: If you have private insurance or traditional Medicare it is your provider's responsibility to secure authorization for future ongoing services with your insurer. If your provider does not work with your private insurance plan/traditional Medicare, or cannot obtain an authorization from them for ongoing services, they will need to refer you back to that insurer, to another provider who accepts your insurance, or to a private pay agency.

If you've moved out of San Mateo, you must receive your care within the new county you moved to.

Of course, you may always opt to negotiate a Private Pay arrangement with your provider, if they are willing to do so.

Sincerely,

ACCESS CALL CENTER

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**Attachment B**

Dear Provider:

This is an official notification that your client has lost his/her health insurance coverage. As a result, we are changing your current treatment authorization end date. We are giving you 30 days to transition your client. During this period, your client may continue to receive services from you and claims for authorized services provided during this period will be paid. Claims cannot be paid for services provided beyond the revised authorization end date.

We urge you to contact your client regarding this loss in eligibility.

We have included a revised authorization with a new end date as well as copy of the notification that was sent to your client.

If you have any questions, please contact the Access Call Center at 800-686-0101 or Provider Relations at 650-573-2242

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**Attachment C**

**Medi-Cal Specialty Mental Health Services Program  
NOTICE OF ACTION**

Date: \_\_\_\_\_

To: \_\_\_\_\_

Medi-Cal Number: \_\_\_\_\_

The mental health plan for San Mateo County has: denied changed your provider's request for payment of the following service(s): \_\_\_\_\_

The request was made by: (provider name) \_\_\_\_\_

The original request from your provider was dated: \_\_\_\_\_

The mental health plan took this action based on information from your provider for the reason checked below:

Your mental health condition does not meet the medical necessity criteria for psychiatric inpatient hospital services or related professional services (Title 9, California Code of Regulations (CCR), Section 1820.205).

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Your mental health condition does not meet the medical necessity criteria for specialty mental health services other than psychiatric inpatient hospital services for the following reason (Title 9, CCR, Section 1830.205):

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The service requested is not covered by the mental health plan (Title 9, CCR, Section 1810.345).

The mental health plan requested additional information from your provider that the plan needs to approve payment of the proposed service. To date, the information has not been received.

The mental health plan will pay for the following service(s) instead of the service requested by your provider, based on the available information on your mental health condition and service needs:

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Other: You no longer have Medi-Cal coverage. EXAMPLE: We must change your current Treatment Authorization to end on 01/15/17. This allows for a minimum 30 day

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transition with your provider. During this period, you may continue to receive services from your provider. Please discuss this transition with your provider.

**If you don't agree with the plan's decision, you may:**

1. You may file an appeal with your mental health plan. To do this, you may call and talk to a representative of your mental health plan at: 1-800-388-5189 or write to: Suzanne Aubry, Office of Consumer & Family Affairs, Suite 155, 1950 Alameda de las Pulgas, San Mateo CA 94403, or follow the directions in the information brochure the mental health plan has given you. You must file an appeal within 90 days of the date of this notice. In most cases the mental health plan must make a decision on your appeal within 45 days of your request. You may request an expedited appeal, which must be decided within 3 working days, if you believe that a delay would cause serious problems with your mental health, including problems with your ability to gain, maintain or regain important life functions. You can request that your services stay the same until an appeal decision is made. To keep your services you must file an appeal within 10 days of the date of this notice or before the effective date of the change in services, whichever is later. The services requested were previously approved by the plan for the period \_\_\_\_\_.  
The effective date for the change in these services is \_\_\_\_\_.
2. If you are dissatisfied with the outcome of your appeal, you may request a state hearing which may allow services to continue while you wait for the hearing. The other side of this notice explains how to request a hearing. You can request that your services stay the same until a hearing decision is made. To keep your services you must file an appeal within 10 days of the date of this notice or before the effective date of the change in services, whichever is later. The services requested were previously approved by the plan for the period \_\_\_\_\_ The effective date for the change in these services is \_\_\_\_\_  
The services may continue while you wait for a resolution of your hearing.
3. You may ask the plan to arrange for a second opinion about your mental health condition. To do this, you may call and talk to a representative of your mental health plan at: 1-800-388-5189 or write to: Suzanne Aubry, Office of Consumer & Family Affairs, Suite 155, 1950 Alameda de las Pulgas, San Mateo CA 94403.