

SAN MATEO COUNTY HEALTH SYSTEM  
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: June 20, 2016

BHRS POLICY: 16-07

SUBJECT: Payment of Last Resort and Services to Individuals with Other Health Coverage (OHC): Compliance with the Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

SCOPE: Substance Use Disorder (SUD) Treatment and Prevention Programs funded by SAPT BG

AUTHORITY: Title 45 CFR, Part 96

NEW POLICY / SUPERSEDES: AOD 2014-04

**BACKGROUND:**

SAPTBG funds are dedicated funds mandated by Congress. Behavioral Health and Recovery Services utilizes the funds for contractors providing Substance Use Treatment and Prevention services in the County of San Mateo.

**PURPOSE:**

To assure that contracted SUD services comply with Payment as Last Resort requirements of SAPTBG and County funds, including services for individuals with Other Health Coverage (OHC).

**POLICY:**

BHRS contracted SUD Treatment and Prevention providers will comply with the terms of the State-County Contract regarding expenditure of SAPT BG funds as the “payment of last resort” for services for Pregnant and Parenting Women, Tuberculosis, and HIV. Title 45, Code of Federal Regulations, Part 96, Section 96.137 states:

The Block Grant money to be spent for in accordance to Section 96.124(c) and (e), 96.127 and 96.128 which ensures SAPTBG funds will be the “payment of last resort.” Contractors that receive funding under the SAPTBG and provide services required by the above-referenced sections shall make every reasonable effort, including the establishment of systems for eligibility determination, billing, and collection, to:

- Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX, any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program; and
- Secure from patients or clients payments for services in accordance with their ability to pay.

PROCEDURE:

County and Contractor staff shall confirm a prospective client's insurance status along with other basic information. If the prospective client has private insurance, he/she should be referred back to their insurance plan for assessment and services.

Contractor staff seeking to provide SUD services to individuals with OHC using SAPTBG or County funds shall request advance authorization from the BHRS ACCESS Call Center. The following information shall be included in the prior authorization request and sent via fax or secure email.

1. A copy of the Explanation of Benefits (EOB) or other documentation from the insurance plan demonstrating that it either does not provide the service at-issue, benefits have been exhausted, or other explanation.
2. A verbal or written account of what happened when clients/provider attempted to access services from private health insurance plan, including a description of what services were requested and what services were not provided. Individuals who have been unsuccessful in obtaining benefits they are likely entitled to under the parity law shall be referred to the State Insurance Commissioner's Office to help them negotiate with their insurance plan. The consumer hotline is 1-800-927-HELP(4357), Spanish and other languages available;
3. Information that substantiates the prospective client's substance use disorder shall be provided to demonstrate the medical necessity for the requested service. Note: The County's Medical Necessity criterion applies to those with private insurance who seek services through SAPTBG.
4. Verification of the client's income and copies of the Contractor's financial evaluation including the method for establishing client fees.

BHRS ACCESS Call Center review services authorization requests and related documentation for clients with other health care coverage.

Clients who obtain private insurance after they begin receiving SAPTBG or County funded SUD services are expected to inform their provider so their billing information can be updated. Providers shall assist the client to transition to using their private insurance benefits in a timely fashion for a formal SUD assessment to determine what benefits they may receive through their insurance. The provider shall submit billing to the insurance plan for reimbursement

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