

Medicaid Services for Substance Abuse

Community Behavioral Health Services

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AGENDA

- Overview – General Medicaid Rules
- Specific CBH Services & Requirements
- Revenue Max Strategies
- Discussions/Q&A

General Medicaid Guidelines

Reimbursement Information

- Units of Service

- For services defined in 15-minute increments, The total of the units of service for the entire day must be entered on the claim form. For multiple units on the same day, total the actual time spent and round up to the nearest 15-minute increment.

General Medicaid Guidelines

Free Health Care

- Medicaid will not reimburse services for Medicaid recipients if non-Medicaid recipients are provided the same services free of charge

Billing for Missed Appointments

- Providers may not bill recipients for missed appointments.

General Medicaid Guidelines

Medicaid Payment is Payment in Full

- Provider who bills Medicaid must accept payment from Medicaid as payment in full. This does not include Medicaid copayments and coinsurance.
- A provider who fails to bill Medicaid correctly and in a timely manner may not bill the recipient.
- A provider who bills Medicaid for reimbursement of a Medicaid covered service may not:
 - Apply any money received from any non-Medicaid source to charges related to a claim paid by Medicaid.
 - Bill the recipient, relatives or any person acting as recipient's designated representative; or
 - Turn the account over to a collection agency (except in certain defined situations)

General Medicaid Guidelines

Billing the recipient

- Prior to rendering a service, a provider must inform the recipient of his responsibility for the payment of any services received that are not covered by Medicaid. This must be documented in the medical record. Only services that are not listed in the Medicaid fee schedule in the handbook are non-covered services.
- Other than copayments/coinsurance, the provider cannot seek payment from a recipient for a compensable service for which a claim has been submitted, regardless of whether the claim has been approved, partially approved or denied except under the following circumstances:

General Medicaid Guidelines

Billing the recipient (exceptions)

- Recipient is not Medicaid eligible on date of service or service is not covered by Medicaid
- Provider verifies recipient has exceeded the Medicaid limits or cap for service; Provider must inform recipient of this before rendering the service
- Recipient is enrolled in HMO, PSN or MediPass and has been informed that service has not been authorized by the HMO, PSN or MediPass PCP
- Recipient is enrolled in HMO or PSN and has been informed that the treating provider is not a member of the HMO or PSN Network.
- Provider has informed the recipient in advance that he/she does not accept Medicaid payment for the specific service to be rendered. Documentation must be in the medical record that recipient was informed and agreed to the service.

General Medicaid Guidelines

Medicaid Copayment

- A copayment is a predetermined amount of money specified by Medicaid that the recipient pays to a provider.
- Services that require a Copayment:
 - Community Behavioral Health Services, per provider, per day = \$2.00
- Recipients Exempt from Copayments:
 - Children under 21 years of age
 - Pregnant women when services relate to pregnancy or any medical condition that may complicate the pregnancy
 - Recipients who are enrolled in Medicaid HMOs

General Medicaid Guidelines

Medicaid Copayment

- Recipients unable to pay
 - Provider cannot deny service to recipient based solely on the inability to pay a Medicaid copayment amount.
 - If recipient is unable to pay at the time services are rendered, the provider may bill the recipient for the unpaid charge.

General Medicaid Guidelines

Third Party Liability

- TPL is the obligation of any entity other than Medicaid or the recipient to pay all or part of the cost of the recipient's medical care. If the recipient has other coverage through a TPL source, the provider must bill the TPL source prior to billing Medicaid.
- Providers must verify recipient eligibility prior to serving the recipient and verify TPL sources prior to billing Medicaid.

General Medicaid Guidelines

Third Party Liability

- Medicaid is payer of last resort. If recipient has other insurance coverage through TPL source provider is responsible for exhausting TPL sources

General Medicaid Guidelines

Exceptions to Medicaid Being Payer of Last Resort

- Federal funds from I.D.E.A., Part B or C;
- Victim's Compensation
- Programs funded through state and county funds such as CMS, DOH indigent drug programs, SAMH and Developmental disabilities programs funded by DCF, and Voc Rehab programs
- Funds from these programs may be accessed after Medicaid; A provider may bill Medicaid for a service prior to billing these programs.

CBHS Provider Qualifications

- Current contract with DCF district program office for provision of community behavioral health services
- Employ or have under contract a Medicaid enrolled psychiatrist or other physician.
- Substance Abuse providers – must have a regular (not probationary or interim) license per F.S. 397

