Billing and Collection for Treatment Services Policy

Effective Date: 7/94
Revision Date: 5/30/07

Policy

It is the policy of the Department of Behavioral Health (DBH) that all payments for services be billed and collected accurately, according to specified State and County requirements.

Purpose

To ensure that DBH is in adherence with the State Department of Mental Health billing and collections requirements, State mandates regarding third party coverage, County regulations, and court-ordered service rules.

Billing

All new and/or active clients are required to be interviewed by a financial interviewer for the period of their services. Services provided, but not covered by an insurance will be billed at total costs.

DBH allows services to be offered at a reduced cost depending on financial status. This reduced cost is based on the uniform method to determine ability to pay (UMDAP).

An UMDAP deductible is based on an annual cost of service, NOT the number of services or the length of treatment. A FEE FOR SERVICE is based on the actual number of services rendered. Billing is determined by what program provides the service.

Payments

Separate monthly statements are mailed for Mental Health and/or Fee Per Visit services indicating the total amount due on the client’s account(s) at the time the statement is printed. Client’s can pay the total due or make monthly payments as agreed at the time of their interview.

Delinquent Accounts and Collections

Any account that becomes more than ninety (90) days past due is delinquent and will be considered for collection action.

The term delinquent applies to:
- Patient payments
- Third-party reimbursements
- Accounts at total cost for penalty reasons
Once the designated Collections Officer begins legal action, the client is notified and is summons to Small Claims Court. The client is held responsible for all costs and attorney fees incurred, including the balance due for services rendered.

Delinquent accounts are subject to:
- Appear on credit reports
- Wage garnishment
- Liens placed on property
- State Tax Refund interception
- Have State lottery winnings withheld

The following outlines information regarding third party coverage based on requirements mandated by the State:

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<th>Coverage</th>
<th>Description</th>
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| Medicare and Insurance | • State law requires that insurance be billed for full costs of services  
                          • Failure to provide DBH with insurance information within thirty (30) days of service will cause client to be billed total costs  
                          • If designated insurance does not pay 100% of billed costs, monthly payments are required on UMDAP or FEE FOR SERVICE balance.  
                          • If DBH does not receive payment from the insurance or a formal denial within ninety (90) days of billing, the client will be required to assist in getting a response from the insurance, or pay the total balance. |
| Medi-Cal           | • Client must provide DBH with a Medi-Cal card or sticker.  
                          • If a client is a Healthy Families participant, the financial interviewer must code the services accordingly.  
                          **Important:** The client will be billed and made responsible for full costs until a Medi-Cal card, stickers, or proof of denial is provided. |
County of San Bernardino
Department of Behavioral Health

| HMOs, PPHPs, PPOs | • Insurance requires that contracted doctors and/or facilities be used  
|                  | • Insurance may not pay for emergency services without prior written authorization  
|                  | • Clients are responsible for costs that the insurance will not cover up to the amount of their **UMDAP** deductible or **FEE FOR SERVICE**.  
|                  | • If a client has Medicare and/or an insurance supplement, the financial interviewer must code both forms of coverage. |

**Court Ordered Services**

Court ordered services are at the client's expense (as adjusted by **UMDAP** or **FEE FOR SERVICE**) unless specifically stated otherwise in the court order. If another party is required to pay, a copy of the court order must be furnished for the billing division at the time of first service.