



# COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration  
Behavioral Health

Clinic Services  
Emergency Medical Services  
Environmental Health/Animal Services

Public Health  
Public Administrator/Public Guardian

<b>Policy Number</b>	119
<b>Policy Title</b>	Overpayments
<b>References</b>	<p>California Code of Regulations (CCR), title 9, § 1810.100 et. seq. – Medi-Cal Specialty Mental Health Services; §§1820.205, 1830.205, and 1830.210, §§ 1810.345, and 1810.405</p> <p>Welfare and Institutions (W&amp;I) Code §§ 14680-14685.1; §§ 14700-14726 Chapter 7, Part 3, Division 9, W&amp;I Code, to the extent that these requirements are applicable to the services and functions set forth in the Contract</p> <p>CCR, title 22, §§ 50951 and 50953; §§ 51014.1 and 51014.2</p> <p>45 C.F.R. § 160 and § 164</p> <p>Title 42 United States Code, to the extent that these requirements are applicable;</p> <p>42 C.F.R. to the extent that these requirements are applicable;</p> <p>42 C.F.R. Part 438, Medicaid Managed Care, limited to those provisions that apply to Prepaid Inpatient Health Plans (PIHPs), except for the provisions listed in paragraph B of the Contract</p> <p>42 C.F.R. § 455 to the extent that these requirements are applicable;</p> <p>Title VI of the Civil Rights Act of 1964</p> <p>Title IX of the Education Amendments of 1972</p> <p>Age Discrimination Act of 1975</p> <p>Rehabilitation Act of 1973</p> <p>Americans with Disabilities Act</p> <p>Section 1557 of the Patient Protection and Affordable Care Act</p> <p>Deficit Reduction Act of 2005;</p> <p>Balanced Budget Act of 1997;</p> <p>Medicaid Managed Care Final Rule Network Adequacy Standards (July 19, 2017), Department of Health Care Services (DHCS)</p> <p>Monterey County Behavioral Health Polices</p> <p>Monterey County Health Department Policies</p>
<b>Form</b>	none
<b>Effective</b>	November 6, 2017

1 **Policy**  
 2 Monterey County Behavioral Health (MCBH) shall abide by these and all regulations set forth in  
 3 this and all policies related to the delivery of specialty mental health services under contract with  
 4 the Department of Health Care Services (DHCS). DHCS and MCBH have established a contract  
 5 for service delivery of specialty mental health services (SMHS) and substance use disorder (SUD)  
 6 services. MCBH and its subcontractors shall abide by the agreements set forth for the delivery of  
 7 SMHS and SUD.

8 If an incidence of overpayment and/or fraudulent billing is discovered within MCBH programs or  
9 within its Contract Provider involving one or more clients/services, or such as incidence is  
10 otherwise discovered, such as during County onsite reviews or compliance monitoring the following  
11 shall take place:  
12

13 **Procedure**

- 14
- 15 1. Confirmation from the contract provider will be obtained that the involved provider will no  
16 longer provide services within the context of the contract between the contract provider  
17 and MCBH.  
18
- 19 2. Documentation will be obtained regarding fraudulently-billed services already billed to  
20 MCBH.  
21
- 22 3. If the contract provider has received payment from MCBH for such services, such payment  
23 may be recouped from the contract provider.  
24
- 25 4. A review will be performed to see if any of the services involved has already been claimed  
26 to DHCS. If claimed, the services will be voided and the electronic transaction sent to  
27 DHCS. Once an 835 with the takeback(s) of Federal Financial Participation (FFP) is  
28 received from DHCS, adjustments will be made in the electronic health record (EHR) and  
29 the services then deleted in conjunction with Quality Improvement (QI). If the service has  
30 not yet been claimed, in conjunction with QI, the service will be deleted.  
31
- 32 5. The provider will be terminated in the MCBH EHR.  
33
- 34 6. MCBH will report the incident to the Billing Analyst and to the Manager assigned to MCBH  
35 at the Fiscal Management and Accountability Branch at DHCS.  
36

37 If FFP has been received on a service that is subsequently disallowed by QI or to be withdrawn  
38 from the EHR for any other reason, the service is voided and the electronic transaction sent to  
39 DHCS. Upon receipt of an 835 with the Takeback of FFP, adjustments will be made in the EHR  
40 and the service deleted in conjunction with QI.  
41

42 MCBH shall report to Department of Health Care Services (DHCS) within 60 calendar days when it  
43 has identified payments in excess of amounts specified for reimbursement of Medicaid services (42  
44 C.F.R. § 438.608(c)(3).)

45 MCBH shall submit an annual report of overpayment recoveries in a manner and format  
46 determined by the DHCS. (42 C.F.R § 438.604(a)(7).)  
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